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LECTURES ON CHEMISTRY,

BY

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Lecture XXXVIII.

On Bismuth, Uranium, Titanium, Cerium, Tellurium, Selenium, and Arsenic, and their compounds.

In addition to the uses of the oxide of cobalt as a colouring matter for porcelain and glass, it is used largely in the paper manufactories to cover the yellow tinge which it would otherwise exhibit; and the quantity of cobalt is so considerable in some paper, that, when it is burnt, the ashes are of a blue colour. In the manufacture of starch, it is also customary to use a little cobalt, to give it a pale blue tint, which covers the yellow, and renders the whole of a whiter hue.

Bismuth is a metal not of any considerable importance; it occurs native, combined with arsenic and cobalt. Like antimony, it is of a brittle white colour, easily crystallisable, and is one of the best with which to perform the experiment of crystallising metals: it is very fusible, and very combustible. If heated upon charcoal with oxygen, it melts, burns with a bluish flame, and gives out a quantity of a dense vapour, which is oxide of bismuth. We show you this experiment, because you might not otherwise be aware of the extreme combustibility of the metals. The yellow fumes thrown off are the oxide of bismuth, and I should state, that the temperature at which it fuses is about 500° of Fahrenheit.

The composition of its *oxide* is 71 bismuth, and 8 oxygen, or one proportional and one; and it may be formed in various other modes than that just shown you, namely, by dissolving bismuth in nitric acid, precipitating the solution by pouring it into water, and by washing the precipitate with an alkali, which gives me an opportunity of showing you another very important character of the salts of bismuth, namely, that they are decomposed and precipitated by pure water. You cannot, therefore, dilute a nitrate or muriate of bismuth to any extent, without precipitating the oxide. Here, you observe, I act upon the crystallised nitrate of bismuth; the salt is decomposed in, not dissolved by, the water, and a subnitrate of bismuth is thrown down. Now if you add an alkaline solution to the subnitrate, and wash it thoroughly, you obtain the *oxide of bismuth*, a white impalpable powder, known formerly under the name of *blanc de fard* and *blanc de perle*, or pearl white, and magistery of bismuth, and was much used as a cosmetic by the French ladies; but it was soon found that the preparation was apt to become black on exposure to certain agencies, and that a lady sitting by a large fire, had one cheek brown or tawny, whilst the other was white and pink, the cheek next the fire changing colour by the escape of a little sulphurous vapour. Sulphuretted hydrogen does the same thing with the oxide of bismuth as with white lead; it soon discolours it, therefore it is not fitted to become a pigment.

The action of *chlorine* upon bismuth produces nothing particularly interesting; it is usually made by heating the metal in chlorine, or by dissolving it in corrosive sublimate; it runs down in an oily kind of fluid, called *butter of bismuth*. A very curious property of bismuth is, that it renders other metals very fusible when alloyed with it. If you mix together equal parts of bismuth, lead, and tin, you obtain a very fusible metal; lead and tin alone are very fusible, but not so much so as when mixed with the bismuth. The proportions generally used to form the alloy called Sir Isaac Newton's fusible metal, is a mixture of eight parts bismuth, five of lead, and three of tin. You may alter the proportions of lead and tin, without altering its fusible property, but it is necessary that the bismuth should constitute about half of the alloy. It is so fusible, you observe, that on bringing it into the vapour of boiling water, or dipping into wa-

ter nearly boiling, it readily melts down. Tea spoons are sometimes made of this alloy, which are neatly polished, and sold for amusement, being fusible at a heat a little below 212. The addition of a little mercury to the alloy renders it still more fusible, but at the same time so brittle as to be in danger of breaking. I do not know that this alloy has been extensively used, but it has been proposed as a soft plug for the steam boiler, in such proportions as to melt a little above the boiling point; but there are so many other better modes of effecting this purpose, that it is not probable it will be resorted to.

We now come to a set of metals which we shall pass very hastily over, since they are applied to no use in the arts, in medicine, or in analytical or experimental chemistry. One or two of them exhibit some curious properties, and it would not be right to pass them over entirely in silence.

Uranium is met with in several states native, but chiefly in the state of oxide, of which you see a specimen here; it is formerly called *pech blende*, and was first analised by Klaproth, who showed it to be a hydrated oxide of uranium, containing also a little copper. The salts which this oxide forms when in solution, are of a yellow colour, of which you see some specimens on the table. Here is the hydrated oxide, the chloride, the nitrate, all of a yellow colour; the sulphate is more of a green tint. From all these solutions of uranium, you may obtain the precipitation of the oxide by an alkali. The metal is distinguished from all others by this characteristic, and by the beautiful red colour, or reddish brown colour of the precipitate furnished by the ferrocyanate of potash. There are some other preparations of uranium, which you may examine, if you choose, after the lecture. The number representing uranium is about 26 or 27 upon Dr. Thomson's list. I have not given you a tabular view of the compounds of uranium, because they have really been too little examined to speak with any certainty respecting them. The specific gravity of the metal is 9.

Titanium is a metal found nearly pure in the state of oxide in a mineral called *titanite*; it is also met with combined with oxide of iron, and in the peculiar substance which you see here, found by Mr. Gregor originally in the vale of Menachan, in Cornwall, and hence called *menachanite*. The metal is so intractable and so difficult of fusion, that had it not been found in the metallic state, it would appear doubtful whether it ever existed in that state. It was discovered by Dr. Wollaston, that in the slag of some iron mines there was a very hard insoluble infusible incrustation, which, by examining further, was proved to be titanium in a state of purity, or nearly so. If you digest it in nitro-muriatic acid, you will separate almost every thing from the titanium, and by digesting it in this way, you obtain a brittle greyish metal; and the only way of oxidising it, is to treat it alternately with nitre and borax; the nitre oxidises it, and the borax dissolves some of the oxide. By fusing it with a carbonated alkali, it is acted upon slowly, and if you fuse menachanite with a carbonate of potash, and wash off the alkali with an acid, you obtain a *carbonate of titanium*. It is the hardest metal known: it scratches rock crystal, and may be said to be infusible.

Cerium is a metal obtained from *allanite*, a Greenland mica. It was obtained by Berzelius from a mineral found in Sweden, and which he called *cerite*. It is of a yellow colour, and so are all its salts; but I shall not detain you with them, as they are of no importance. Here are specimens of the muriate, sulphate, carbonate, and so on.

Tellurium is found native, alloyed with iron and gold; and is represented by the number 38. It is characterised by its ready fusibility, great combustibility, and by being soluble in hydrogen, forming a *tellurretted hydrogen gas*.

Selenium.—Under the head sulphur, I mentioned to you, that in examining pyrites, Berzelius discovered a singular substance, capable of entering into a variety of compounds, and he was disposed to regard it as a primitive body; but I then informed you, it seemed rather to belong to the simple combustible bodies, than to the metals. It seems to rank more with sulphur and phosphorus, and substances of that description, than with the metals.

Arsenic.—This then brings us to the subject of arsenic; as a metal, it is not applied to any very important purposes, and is one which we could very well do without. It has been employed in medicine, and derives its principal interest to the chemist from its poisonous qualities, and consequently the chemist is called upon to ascertain its existence in combination with other substances.

I shall endeavour to give you a brief account of some of the *principal combinations* of arsenic, and afterwards show you the simplest modes of *detecting it*.

Now, with regard to the *ores* of arsenic; they are very numerous, and you have already seen it as existing in copper ore, which often contains it in large quantities, and from which, and other ores, it is easily liberated by the application of heat. Here is an ore of arsenic, called *arsenical pyrites*, it being a sulphuret of iron and arsenic.—Here is another ore, in which the arsenic is nearly in a state of purity. From any of these sources, whether from its own proper ore, or from its compounds with the other

metals, it is collected by sublimation, and having undergone a second sublimation to purify it, it is brought into the market under the name of white arsenic. Although sometimes nearly transparent, and like glass, it becomes opaque and pulverulent on exposure to air. If you mix white arsenic with a small quantity of potash and charcoal, and apply heat, as has been done in this tube, a steel-grey substance will rise, which is the metallic arsenic in a state of purity. The use of the potash is to keep down the arsenic at a red heat, the charcoal combining with the oxygen of the white arsenic, and the metallic arsenic is sublimed and carried to the top of the tube; and this is often the only way in which we can satisfactorily detect the presence of the metal. A very small quantity of the white arsenic would suffice for this process; half a grain put into a small glass tube, touched with a drop of the carbonate of potash, and the least drop of oil, or any other carbonaceous matter, would, on the application of heat, afford a decided metallic sublimation of a steel-grey colour. The metal is so volatile that it volatilises before it fuses, and its oxide is more soluble in hot than in cold water, and accordingly we find, that the native ores of arsenic are soluble; some of these are sold under the name of *fly-stones*, being boiled in water, to which sugar is afterwards added for these insects. At a temperature of 360 it rises in vapour, but its point of fusion is not readily determined, because it so easily passes into vapour that it is difficult to fuse even under pressure.

When heated upon a platinum spoon, it goes readily into vapour, burning with a blue flame, and it renders the platinum, which is of itself difficult of fusion, so fusible that a hole is generally made in it, through which the arsenic runs. The heated vapour is characterised by a peculiar smell, which, when once perceived, cannot be mistaken; it is like the smell of garlic, and is most poisonous, and the miners who work where the ores of arsenic abound, generally suffer from paralysis, and other nervous affections. By this simple process of combustion, the metal passes into the state of a *white oxide* of arsenic, or *arsenious acid*, as it has been sometimes called, inasmuch as it enters into combination with certain of the metals, after the manner of an acid and constitutes a class of salts called *arsenites*. The number representing arsenic is 38; and the *white arsenic*, or arsenious acid, is a compound of one proportional of metal 38, and two of oxygen 16, giving the equivalent 54. Such, then, is the composition of the white arsenic; that it is virulently poisonous I need scarcely remind you, or that the symptoms which it produces are inflammation of the stomach and fauces; not that inflammation is of itself sufficient to account for the rapid death it produces, as it is equally poisonous when applied to a wound, and, what is curious, the same symptoms will be produced in the stomach as we suspect to be the consequence of the contact of arsenic with that viscus. If you heat arsenic very slowly, so that it may rise in vapour, it crystallises in transparent octaedra, as you see here. With regard to its solubility in water, it has been variously stated, but we shall be pretty correct in saying, that 1000 parts of water at 60° dissolve 2½ parts of the white oxide; at 212° the same quantity of water will take up 77 parts of the oxide, and will retain as much as 30 parts in solution when cold. It is volatile at 380°, and its smell is exceedingly peculiar and alliaceous; but it has been shown by Dr. Paris, and others, that, when heated carefully, out of the contact of any substance that can decompose it, it rises in an *inodorous vapour*. In heating the arsenic, if you hold it upon glass, taking care that the flame of the lamp comes no where in contact with the arsenic, it would rise in a white inodorous vapour; but the carbonaceous matter of the lamp sets upon the white arsenic, decomposes a portion of it, evolving a little metallic arsenic, and it is the metallic arsenic only which, it is said, has the alliaceous odour. It is of importance to settle this point in your minds, because, if you should heat it in a way which prevents the decomposition of the white arsenic, you might be led to suspect that no arsenic was present, in consequence of the absence of the garlic smell; but you must be careful to try it with other tests. The taste of arsenic is singularly nauseous; it creates a peculiar astringent sensation about the mouth and fauces, a great flow of saliva, and a painful feeling in the mouth, which can never be forgotten by those who have made the experiment; it is certainly not a very pleasant thing to take into the mouth, but it is worth while to try it for once, to take a taste. It reddens vegetable blues, and has been called arsenious acid, properly enough, as it forms a distinct set of salts. With ammonia, potash, and soda it forms, as you see here, soluble compounds, which are arsenites of these substances. One of these, the *arsenite of potash*, is used in pharmacy, under the name of Fowler's mineral solution, and the *liquor arsenicalis* of the present pharmacopœia, is a solution of it. At one time it gained great celebrity in the cure of agues, and there can be no doubt that it will cure obstinate ague; but, at the same time, it is such a dangerous substance, and there are so many other medicines which answer equally well, that it ought to be prohibited altogether, and no longer used in pharmacy. With regard to its boasted

cure of agues, my opinion is, that they would yield equally to the sulphates of zinc, copper, or quinine, and it should be altogether prohibited from commerce, and that would be the only way of preventing the fatal results so frequently attending its use.

I shall not go through a description of all the *arsenites*, but such only as may be employed in the detection of the metal. The *arsenite of silver* may be easily made by double decomposition, by adding to a solution of nitrate of silver a solution of arsenite of potash. You observe, that on mixing the two solutions, the arsenite of silver falls down in a *yellow cloudy precipitate*, which is very characteristic of the presence of arsenic; and although phosphate of silver occasionally assumes a similar appearance, still that is not to interfere with your using nitrate of silver as a test of the presence of arsenic. There is a mode of applying this test which is useful sometimes in determining the presence of arsenic, which consists in forming a very dilute solution of arsenite of ammonia. Suppose you have a suspected substance, heat it with a little solution of ammonia, and then dilute the solution very considerably, dip a stick of the nitrate of silver into it, and you immediately observe the arsenite of silver falling from it, as a decided yellow precipitate. This test was suggested by Mr. Hume, of Longacre. You saw what a very minute quantity of the nitrate of silver came in contact with the fluid, and how evident the presence of arsenic is rendered. You must remember that this test is soluble in ammonia, and of consequence that it is very easy to dissolve the precipitate; and if you now apply nitrate of silver to this solution containing arsenic, you will have no longer a precipitate produced. Whenever, therefore, you use nitrate of silver, take care that no excess of ammonia, or any foreign matter, be present, and then the yellow appearance of the arsenite of silver is very characteristic of the appearance of arsenic.

The *arsenite of copper* may be made by double decomposition, by adding a little sulphate of copper to a solution of the arsenite of potash; the precipitate is of an *apple green colour*. This was formerly called Scheele's green, which is, in fact, an arsenite of copper, and its green colour is often resorted to as a test of the presence of arsenic.

When white arsenic is heated with nitric acid, it decomposes the acid, absorbs part of its oxygen, and is converted into a deliquescent white substance, or arsenic oxidised to its maximum, composed of three proportionals of oxygen 24, and one of metal 38, giving 62 as its equivalent; it is sour to the taste, and is much more soluble than white arsenic, and this compound is the *arsenic acid*. It enters into combination with various bases, and forms a class of salts sometimes used in medicine. With potash it forms an uncrystallisable salt, but with two proportionals of acid it forms a *binarseniate of potash*, which is very soluble. It used to be called *Macquer's tasteless ague salt*. The *arseniate of soda* is a crystallisable salt. The arseniate of *lime* is very difficultly soluble; and you see specimens of arseniates of baryta, strontia, magnesia, and so on, on the table. Now, these arseniates are principally interesting as entering into many native combinations with copper, lead, and other metals, some of which are very beautiful.

Chlorine and arsenic combine and produce a compound, long known under the name of butter of arsenic; it is not an important compound, but it is obtained by distilling arsenic with corrosive sublimate; it is composed of one proportional 38, and two proportionals of chlorine 72, so that its equivalent is 110. *Iodine* and arsenic combine, and produce an iodide of arsenic; and arsenic and *sulphur* combine to produce a *sulphuret of arsenic*, which has been found native in the ore called *orpiment* or *realgar*. Orpiment is sometimes beautifully lamellated, and it produces a fine yellow colour, which has been used as a paint, but it is objectionable on account of its highly poisonous quality.

Now, if you add a hydro-sulphuret of ammonia to a solution of arsenic, you get, under particular circumstances, a *yellow* precipitate; and *sulphuretted hydrogen* has been particularly recommended as a delicate test of arsenic. I shall show you how far this is to be depended on. Here is a solution of white arsenic in water, which I shall dilute very considerably, and then add to it a little sulphuretted hydrogen dissolved in water. (This experiment was made.) You observe that you are far from getting a decided change of colour, or precipitation, sufficient to discover the presence of arsenic. If you add a solution of the gas in larger quantities you will get a yellow colour, and ultimately a yellow precipitate, but it is not a test altogether to be depended upon. By adding hydrosulphurets of ammonia, or potash, to solutions containing arsenic, you get similar results.

Now there remain one or two points for our consideration in connexion with arsenic, and we shall reserve them for the next lecture; but, before we separate, I wish to call your attention to the properties of *arseniuretted hydrogen gas*. The mode of obtaining this gas is very simple: put into a flask some zinc filings, water, sulphuric acid, and white arsenic. Hydrogen gas is rapidly evolved, and during the evolution of the gas it acts upon and decomposes the white

arsenic, and carries off a certain quantity of metallic arsenic in solution. Now here you have this gas, and it is one of the most poisonous compounds that you can imagine to exist, because it contains a large quantity of arsenic, and that in the most diffusable of all possible forms, namely, the gaseous. You see that a quantity of the white fumes of the oxide of arsenic is liberated, that a portion of hydruret of arsenic is liberated, and that the gas burns with a blue flame; it contains a considerable quantity of arsenic dissolved in the hydrogen. It is easily decomposable by chlorine, and consequently where it exists chlorine will act as a disinfector.

The other modes to be resorted to for detecting the presence of arsenic, where it is suspected, I shall show you in the next lecture, but I shall not enter into very minute details, and I shall give you my reasons for not doing so. I conceive, that unless the evidence is very clear and decided, we ought not to be satisfied with the very minute and refined chemical investigations which have often been served up in courts of justice in cases of this kind.

FOREIGN DEPARTMENT.

EXPERIMENTS ON THE SECRETION OF BILE,

BY M. SIMON DE METZ.

The secretion of bile is an interesting point of physiology, on which considerable uncertainty prevails, on account of the difficulties which present themselves to those who have undertaken to develop its mechanism. Is the bile derived from arterial blood, in the same way as the other secretions are produced, or from the blood of the vena porta? or, do both arterial and venous blood contribute to its formation? Such are the questions which have for a long time agitated the profession, and for the solution of which I have made a great number of experiments, which appear to throw considerable light on this subject.

It has been stated, that it is very difficult, if not almost impracticable, to put ligatures on the vessels of the liver; but I have observed that the difficulty depends on the kind and age of the animal on which the experiment is made. Thus, for instance, what has been deemed not feasible on dogs, has been tried with satisfactory results on rabbits and pigeons. In these two different animals I have succeeded in tying the celiac, or the hepatic artery, or the vena porta, or the excretory duct; and the interruption of the passage of the fluids in these different vessels has given rise to different results. Pigeons, as it is well known, have no gall bladder, but they have two hepatic ducts, the one from which the bile flows almost continuously, and opens near the gesier; the other, which is often found empty, is longer and thinner, and opens further into the small intestines. The trunk of the hepatic artery has a very small diameter, and is deeply situated, so that it is difficult to pass a ligature on it; nevertheless it is possible to reach it by employing small curved needles conducted by means of the forceps.

1. If the two hepatic ducts of these animals be tied whilst the bile continues to flow, the liver becomes engorged, and filled with globules of a fine green colour, which are diffused principally on the surface of the organ. The neighbouring part, the pericardium, the omentum, and intestines are coloured by them. The animals generally survive from twenty-four to thirty-six hours after the experiment.

Between ten and twenty hours after the application of the ligature, an important phenomenon presents itself. The animal discharges at these periods, fæces which are quite green, and of the same colour as the bile with which the liver is engorged. This discoloration of the fæces increases up to the time of death. I first thought (the natural excretory passage being intercepted by the ligature) that the bile was absorbed into the liver, then excreted into the intestines, and mixed with the secretions of the alimentary canal. But I soon succeeded in positively ascertaining that this green matter was only to be found in the cloaca, where it was carried by the ureters, and that the intestines contained no trace of it, excepting in the inferior part of the rectum, where it had accumulated. MM. Dumas and Prevost have remarked, that the secretion of the bile is augmented by the interruption of that of the urine. Hence we see the secretion of urine effects an outlet for the elimination of the bile, which in the natural course had been prevented; thus proving, that the liver and kidney are more or less dependent on each other.

2. *Ligature of the Excretory Ducts, and Hepatic Artery.*—Twelve hours after these ligatures had been applied, the surface of the liver, as well as the neighbouring parts, attained a yellowish tint; the ducts were gorged, and announced the presence of bile. Twenty hours after the ligature, the liver contained a great quantity of green granulations, which were more numerous in the left than in the right lobe. The cloaca contained green matter, as in the preceding case. If the animal lives forty hours afterwards, the green colour of the liver and its excrements becomes more marked. These last experiments appeared to prove, that the

secretion of the bile continues so long as the liver does not receive arterial blood.

3rd. *Ligature on the Artery only.*—In this case, the liver was not gorged since the secretory ducts were free, but after death secretion had taken place, for bile was found in these canals, and the substances contained in the intestine presented the natural appearance.

4th. *Ligature on the Roots of the Vena Porta and Hepatic Duct.*—The liver is discoloured, and has only a taint of a pale red colour, similar to that of the lung of these birds; no trace of bile was discovered; the intestine only contained a grey or white pulp; the muscular layers of the gizzard is of a pale red; and its internal membrane, which is always green or yellow in the natural state, was discoloured.

From these experiments, the results of which perfectly agree, it may be concluded—

1st. That the ligature of the hepatic artery does not impede the formation of bile.

2d. That bile is to be seen when excretory ducts are tied at the same time.

3rd. That there is no doubt but that the vena-porta secretes the bile, since the ligature of this vessel altogether stops the secretion.

PUTREFACTION OF A LIVING FŒTUS.*

In a case which came under the notice of Professor Heischmann, at Erlangen, a child which cried at the time of birth, and lived for half an hour afterwards, presented, nevertheless, several phenomena commonly regarded as signs and effects of putrefaction after death. The following case, observed by Professor Nagele, in the Lying-In Hospital, at Heidelberg, is of a similar kind, and not unworthy of attention. (Med. Chir. Zeit. 1819. Vol. iv.)

A woman who enjoyed good health during her pregnancy, and who, several years before, had been delivered of a strong and healthy child, again felt labour pains; three hours after, the head presented; the membranes contained but little water. After several pains the head was disengaged, the membranes ruptured, and there escaped only a very small quantity of a blackish green fluid, thick and fetid. The delivery terminated soon after birth, in rather a copious discharge of a fluid. The child was a girl, very weak, breathed at the time of birth, groaned and sighed; but it came to itself in a very short time, although the colour of the skin was cadaverous, and the integument rather soft; the umbilical chord was also soft, of a greenish-yellow colour, as well as the membranes and the internal surface of the placenta, which came away soon after the child; all these parts had the same fetid odour as the waters. As soon as the child was placed in a warm bath, the epidermis was detached by the slightest touch, so that it could be raised from the whole body, particularly from the feet and hands. In these spots the skin was soft, folded, and very red; the epidermis, by degrees, fell entirely off, and fourteen days after the delivery the mother and the child quitted the Institution, both enjoying good health. Several other similar facts have fallen under the observation of Professor Nagele.

* Zeitsch. für Staatsarz. von Henke, 7e. Jahr. p. 312.

ON THE FACULTY OF SEEING OBJECTS DISTINCTLY AT DIFFERENT DISTANCES.

BY THOMAS WILLIAMS, ESQ.

That the same object may be seen distinctly at different distances, is an axiom which none will ever dare to oppugn; yet it is universally believed, that the visual focus always varies with the varying angles subtended at the eye by the visible object; and hence is inferred the absolute necessity of variation in the relative situations of the retina and crystalline lens; but it may be readily proved by simple experiments, that both the principle and inference are utterly erroneous.

When a good eye is directed through a convex lens, the imperfection called myopism is instantly induced; when a concave lens is used, the opposite defect will as surely result: both are cases of exigency, yet in neither case can vision be perfect. Whatever may be the refracting power of the lens, the usual default will be directly proportionate. Is this fact compatible with the modern theory of vision? If the eye can conform to a focus which is supposed to be varied by distance, why not counteract the effect of the slightest refractor?

By what muscular power the organ of vision is adjusted to diversities of distance, has long been a question of interest. The anatomist has dissected, and the physiologist reasoned, in vain. Modification of the axis of the eye is deemed indispensable; but no organ is found adequate to produce the effect. No such organ was ever demonstrated, and the above experiments satisfactorily show, that no such *effect* is ever produced. But further argument may be necessary to persuade, that this fact is strictly accordant with the properties of lenses, the

laws of light, and the perfection of vision at diversities of distance.

The author of this essay lately observed, that when the focus of a small telescope was adapted to any object situated beyond the distance of ten yards, however that object might recede, it remained distinctly visible to the utmost power of the instrument. Precisely the same focus was required for all objects situated beyond the specified distance. But although all objects situated beyound the distance of ten yards seem to require the same focal adjustment, all that were nearer seemed obscure or invisible; and hence the writer inferred, that at the distance of ten yards was the focus of his instrument, corresponding to that of *distinct vision of the natural eye*, and that the distance of this point was always inversely as the refracting power of the lens. To test the validity of his conjectures, he took out the object glass, and procured another of much greater refracting power, i. e. one which subtended with its principal focus a much greater angle. They were then placed in convenient positions for reflecting the images of objects against perpendicular surfaces. A lighted taper was then placed opposite each lens, and the principal focus of the object glass could not be found nearer than the distance of ten yards, while that of the great refractor obtained at the distance of six inches, and the focal distance was shorter, viz. one inch and a half, and the magnitude of the image less in proportion. Hence the following important deductions: 1st. That the magnitude of the image at the principal focus of the lens, will be always inversely, as the refracting power of the lens. 2d. That the distance from the centre of a convex lens to the point corresponding to that of distinct vision, will be always inversely, as the refracting power of the lens. 3d. That the distance from the centre of a convex lens to its principal focus, will also be inversely, as the refracting power of the lens. 4th. That the image of every visible object forms at the principal focus of the crystalline lens, i. e. at the same focus.

The first deduction illustrates the superior power of the telescope in commanding distant objects. By the second, we are enabled to esteem the advantage of a more limited power of vision, being fully conscious of the supreme utility of seeing *near* objects distinctly. All birds require the power of seeing objects nearer than the extremities of their respective beaks; and it may not be presumptuous to infer, that the refracting power of their lenses is proportionally great. This idea is supported by the third deduction; as both the principal focus and point of distinct vision approximate in direct ratio as the refracting power; the eye universally can preserve its convenient globular form in conjunction with its symmetrical relation to the size of the animal.

The power of distant vision is modified by the diameter of the pupil. When looking through an aperture less than that of the iris, we find, if the light is sufficient, that we can read at a greater distance than through the natural iris alone. But this is not the consequence of focal variation, for it will be found, that through such a medium objects may be seen, not only more remote, but also nearer.

The modern camera obscura is a typical representation of the eye, but it must ever be considered a very imperfect one. It ought to be constructed with two bases rather than one, and with a factitious iris interposed, as in the telescope. This would narrow the field of vision, but it would certainly lengthen it, render the images of objects more distinct, and make the point which finds the principal focus more definite. But this point, in a large instrument, must unavoidably be very remote; and hence objects will intervene between it and the lenses, and necessarily occasion a confusion of images. This might be avoided by a proportionate elevation of the instrument above the surface of the earth. In like manner, nature averts a similar defect in the disposition of the eyes of the higher classes of animals. Insects being, in all probability, myopic, this elevation of their eyes will not be required.

Marvellous examples are given of such birds as see objects at remote distances, and hence the physiologist, being eager to account for this superior power, exhibits the peculiar appendages of their optics, and harangues on their obvious potency to make the necessary adjustment. But it is a fact which the reader may now readily prove, that when an object becomes invisible by extensive recession, no focal variation can restore it to sight. The power of distant vision will also certainly be modified by the degree of delicacy of nervous perception, as well as the contractive power of the pupil. Eyes differ in acuteness, as the other organs are invariably adapted to peculiar modes of animal existence.

The stability of the foci of natural vision is also strictly accordant with the phenomena attendant on myopism. No myope can see objects distinctly beyond the natural point of distinct vision; but nearer than this point, as the object advances, the focus will advance, and the image be perfectly applied on the retina.

When the humours of the eye have an inadequate refracting power, the defect constitutes presbyopia. The principal or visual focus will be found by more distant objects, but without the interposition of a factitious

lens, no distinct image can be brought in apposition with the retina. The evidence of the aged corroborates the fact.

Here the writer may pause: he is not ambitious to found a transient reputation on a novel hypothesis, but is rather anxious that his essay may be subject to a rigorous inquisition, when its fallacy may be doomed without prejudice, or its veracity approved without favour. He humbly hopes that the learned will inquire with caution, and decide with candour; and if his ideas of vision, at diversities of distance, prove vain and chimerical, he will still have consolation in the reflection, that he has not hidden the truth in mystic phraseology, nor substantiated error on sophistical argument.

TETANUS OCCURRING FROM THE APPLICATION OF A BLISTER,

Successfully treated by Opium and Electricity.

BY J. TAYLOR, ESQ.

A WIDOW lady, 50 years of age, the mother of one child, had been subject for three years to repeated attacks of uterine pains, requested my advice in March 1827, for a pain in the left side, about the region of the heart. A blister was applied, aperients prescribed, and in the course of four or five days no traces of pain remained; the sore produced by the blister had completely healed, but the integuments remained more than usually tender. On the following Sunday, six days after the application of the blister, she ventured, contrary to my wishes, to walk about a mile to church at a quick and hurried pace, which greatly fatigued her, and on attempting to sing, she felt, to use her own words, "her mouth suddenly close with a violent spasm." Alarmed at such an unexpected attack, she immediately returned home; and when seen by me about an hour afterwards, the symptoms were as follow:—Mouth firmly closed; great rigidity in the muscles of the jaws; slight tension of the abdomen; countenance not distorted; slight headach, nausea, thirst; and she complained of debility and stiffness in the neck. The irritation caused by the blister had apparently subsided; pulse 88, soft. In this state, perhaps, it was difficult satisfactorily to determine, whether the symptoms were those of hysteria, or proceeded from the application of the blister; but, reasoning from analogy, I adopted the first opinion, in consequence of having previously attended her sister in several attacks of hysteria, with all the above mentioned symptoms, although the locked jaw never continued longer than a quarter of an hour. Acting on this opinion, an aperient was prescribed, and after its operation, antispasmodics: (these she was enabled to swallow, from having had two teeth extracted a few months before;) which were continued for 24 hours without the slightest mitigation, or even any perceptible effect being produced. The teeth were still firmly in contact, the muscles of the jaw rigid and painful, with great increase of abdominal tension; headach and dimness of sight, watchfulness, and constipation; pulse 89 to 100, and small.

It was now evident, that these symptoms were no longer to be considered hysterical, and as there had been no contusion or wound of the extremities, I could not but regard the irritation of the blister, or some other exciting cause, as the source of those symptoms which, although but trifling at the commencement, were now clearly those of tetanus; consequently 16 ounces of blood were taken from the arm, 10 leeches applied to the temples, æther to the shaven head; an injection of ʒj. ol. terebinth; ʒss. sap. moll., and a pint of warm water; and a draught of ʒj. tr. opii every four hours, which was gradually increased to ʒij., and ultimately to ʒiij, together with terebinth. injection, and the ext. belladon. to the sides of the face; still the symptoms increased with alarming rapidity; and as the tr. opii had failed to produce any relief, it was discontinued, and the crude opium introduced per anum, commencing with ʒj. and gradually increasing it to ʒj. every four hours, with the terebinth. injection, and cold ablution to the head and neck. Notwithstanding this active treatment, the symptoms continued to increase, with violent and frequent convulsions, the body being bent like a bow, and resting only on the heels and occiput; alternately, delirium and rational tranquillity. At this critical period I determined to try the effect of electricity; accordingly an apparatus was procured and placed in the room, from which a small Leyden jar was filled with the fluid, and the patient holding it in her hands, applied the knob to her chin, lips, cheeks, and forehead, thus receiving the electric fluid in the form of sparks: the application of the second and succeeding jars, was productive of a sensation of heat along the gums, which was soon followed by complete relaxation of the muscles of the face, and also of the abdomen, accompanied with cold perspiration, faintness, and other symptoms of exhaustion. A glass of wine was given, a suppository of ʒj. crude opium was introduced, and sleep was procured for the first time since the attack, (eight days). In the morning, however, these beneficial effects were obscured by a recurrence of spasm more violent than before,

which not only resisted the effect of electricity, but even threatened to preclude its further application by a speedy and violent dissolution; however, the paroxysms becoming less violent, and the intervals longer, its application was continued, but without effect, the jaws still remaining firmly closed. But as its effects had been so decidedly beneficial in the first instance, particularly while the system was under the influence of opium, I was still determined to persevere; accordingly ʒj. of crude opium was again introduced per anum, and after an interval of two hours, electricity was reapplied, and with the same happy result as at first. The next and succeeding days served only to convince me, that although the conjoined effects of these two remedies were sufficiently adapted to overcome this formidable disease; the separate application of either was totally useless. This plan was therefore pursued daily for a week afterwards, and the patient ultimately recovered.

It is, perhaps, worthy of remark, that during the use of electricity, the catamenia, which had ceased for three years previously, again returned, but soon afterwards disappeared.

Old Kent Road, April 10th, 1828.

WESTMINSTER MEDICAL SOCIETY.

April 5, 1828.

Dr. Somerville in the Chair.

DISCUSSION ON INSANITY.

This evening Dr. Epps brought forward a paper on Insanity. He introduced the subject by remarking on its individual and general importance; general as regards the whole human race, and individual in relation to the medical man who has intrusted to him the power of committing, simply on affidavit, any of his fellow creatures to a house for the insane. He then pointed out the injury resulting from considering the disease as incurable, and the cause of its being so considered, namely, the erroneous metaphysical notion that mind is separate from matter, in respect to its manifestations. Dr. Epps defined insanity, as a disease of one or more faculties, of which the individual is not conscious, or if conscious is not able to control;—he considered insanity as a general term, and the disease as capable of being divided into three species; first, when the *affective* faculties only are disturbed; secondly, when the *intellectual* faculties alone are disordered, and, thirdly, when both the intellectual and affective faculties are implicated. As varieties of these species, Dr. Epps enumerated *monomania*; that is, when one faculty is affected: —*polymania* where more than one faculty is deranged. Instances were given of each species of insanity, and Dr. Epps stated, that he considered insanity as an organic disease; in proof of this, he mentioned that insanity is often hereditary, that most insane persons become so between the ages of 30 and 40, when the mental powers are in the highest activity; again, causes affecting the body frequently induce insania; that season and weather have an effect upon insane people; that it is often periodical, affecting women at the time of menstruation, also after parturition, when strong actions are going on in the system.

These circumstances being stated, Dr. Epps adduced some positive proofs upon the subject, confining himself to one species of monomania called *erotic monomania*, speaking of several cases where, on dissection, the cerebellum was found to be diseased, and in addition to quoting several cases from authors, Dr. Epps alluded to a case of nymphomania, and also to a case of satyriasis seen by himself, in both of which there was extensive disease of the cerebellum. In his concluding remarks, Dr. Epps endeavoured to show that the success at the York Retreat, is attributable to the circumstance of other faculties than those diseased being called into action, which he considered as strongly corroborative of the opinion that insanity is an organic disease.

Mr. Bennett said that he could not assent to the proposition of the author of the paper, that mind comes from matter—the brain had been dissected many thousand years, and nothing was really known of its functions; he rejected in toto the doctrine of phrenology, observing that there is no perceptible difference between the brain of man and of animals. The volume of brain, Mr. Bennett affirmed, is not greater, comparatively speaking, in man than all other living beings; for instance, the canary bird has a larger share of brain in proportion to its size than man. He considered the experiments of Flourens and Magendie in slicing portions of the brain, as conclusive evidence against the doctrine of phrenology.

Dr. Ley spoke at considerable length; he said, that he considered the object of the author was to introduce the subject of phrenology in an indirect manner; he, Dr. Ley, gave no credence to that doctrine.

Mr. Lambert concurred in the views of Dr. Epps; he considered, that to think of treating insanity without reference to the organs, would be equally absurd with an oculist pretending to treat diseased vision, without reference to the eye. He did not pretend to say what was the abstract nature

or *essence* of mind, nor did he know any thing of the abstract nature of the animal senses, or of various natural phenomena. In respect to the argument of Mr. Bennett, that there is no perceptible difference in the brain of man and in the lower animals; Mr. Lambert contended that a difference of physical structure is not traceable in many parts which confessedly have distinct uses. He did not believe that Mr. Bennett could point out any distinction in the structure of a motive nerve and a nerve of sensation.

Dr. Shiel said, that all the eminent medical men on the continent ridiculed the doctrine of phrenology.

Dr. Epps very ably replied to the arguments adduced by Mr. Bennett and Dr. Ley; and, it was agreed, that the subject should be renewed at the ensuing meeting.

LONDON MEDICAL SOCIETY.

April 7, 1828.

Dr. Haslam, President, in the Chair.

SOFTENED CONDITION OF THE PLACENTA.—HYSTERIA.

The business of the evening commenced with Mr. Proctor relating the particulars of a case of midwifery, in which the placenta was found to be in a soft or "rotten" condition, so that the hand readily passed through it. The labour had been easy and natural to a certain period, when hæmorrhage suddenly came on, and then, upon examination, the placenta was ascertained to be morbidly soft: there was, in addition, hour-glass contraction of the womb, but this was overcome, and the woman eventually did well.

Mr. Shearley said, that he had seen a similar condition of the placenta to that described by Mr. Proctor; and Mr. Waller remarked, that it was by no means an unfrequent occurrence, but he thought hour-glass contraction was more rarely met with than is generally supposed.

After some further remarks from various members, the subject of hysteria was brought on the *tapis*. A member observed, that in his opinion hysteria is referrible to spinal or cerebral irritation. In several fatal cases, he had found effusion in or upon the brain, and medulla spinalis.

Dr. Shearman did not accord with the foregoing notion of the pathology of hysteria; the benefits resulting from the use of stimulants, he considered as sufficient evidence of the disease not being dependent on cerebral disturbance.

The President said, that during thirty years experience, he had never met with an instance in which a maniacal person was affected with hysteria, but he had witnessed cases where, as soon as mania had subsided, hysteria supervened.

MEDICO-CHIRURGICAL SOCIETY:

April 8, 1828.

Mr. Travers, President, in the chair.

After the minutes of the last meeting were read, Dr. Johnson asked whether this Society ought not to follow the example set by other societies, and by most of the large hospitals throughout the country, of petitioning the legislature to make some alteration in the mode by which subjects were supplied for the purpose of anatomical improvement.

Dr. Seymour said, that it would be quite irregular for the Society to take any steps in this affair, without a meeting of the Council being first summoned; in fact, it would be against the fundamental laws of the Society. In a case of great emergency, he would be the first to forego this preliminary mode of proceeding; but, in the present instance, there was sufficient time, as the President could call a meeting of the council as soon as he liked.

At a later period of the evening, the President observed, that he should call a meeting of the Council without delay.

A case of Fracture of the Thigh-bone near the trochanter major, by Mr. Cheshire, was read to the Society. A diagram of a splint, which was used on this occasion, was shown; the peculiar feature of which was, that it admitted the pelvis. Mr. Cheshire thought that it might be used with advantage, in some diseases of the hip-joint.

A case by Mr. Wigan was then read to the Society, in which half of the lower jaw was removed by Professor Mayer, of Bern, (we believe,) and where the patient afterwards recovered. A ligature was first applied on the common carotid; and, in the paper containing the details of the case, Mr. Wigan, who assisted at the operation, suggested the use of a temporary instead of a permanent ligature, in such operations.

Mr. Copland Hutchison thought that the patient had been put to a great deal of unnecessary suffering, and condemned the use of the temporary ligature.

Mr. Coulson said, that in the paper which had just been read, Mr. Wigan had dwelt a good deal on the importance of the ligature in this operation, and the superiority of the temporary over the permanent

ligature. But the observations on either the one or the other of these points were quite superfluous, as it was now well known, that in the removal of a portion of the lower jaw, no ligature, either on the common or external carotid, was required. In the cases related in the last volume of the *Dublin Hospital Reports*, no ligature on the carotid was employed, and every anatomist knew, that if the operation were skilfully performed, no vessel of importance would be endangered.

Mr. LAWRENCE said, that in the case which had been read to the Society, there were two or three points mentioned, which made him regret that Mr. Wigan was not present on this occasion. One of these had just been alluded to by Mr. Coulson, and he perfectly agreed with that gentleman, that a ligature, either on the common or external carotid, was quite unnecessary. The removal of half or more of the lower jaw, was of itself a serious operation, and he certainly saw no reason for adding to this operation another, which, whilst it was unnecessary, was not altogether free from danger. On examining the relations of the different vessels, it would be seen that those only which need be wounded, were the transversalis faciei, the facial, and one or two branches of the lingual. The next point to which he would advert, was the want of sufficient restraint being put on the patient; for, in ten days after the operation, she was allowed to sit up and exert herself in such a manner, as would inevitably prevent the adhesion of the wound, which, in fact, it did in this case. The third point was one which, unless he had received the direct confirmation of Mr. Wigan himself in support of it, he could scarcely believe, and that was the extirpation of the parotid gland. The removal of the parotid gland appeared to him an exceedingly difficult, and almost impracticable, operation. In the body of the gland, we have the temporal vessels and some veins; we also see a process of it pass inside the ramus of the jaw, with the internal maxillary artery and vein between the bone and the internal lateral ligament; besides which, it is in contact with the great vessels and nerves at the base of the cranium. Even if the parotid could be removed with ease, and without danger, there appeared no reason for the operation in this case, as there was no mention whatever made of any disease in this gland. He could not, therefore, but regret the absence of Mr. Wigan, who, had he been present, might have perhaps thrown some light on these points.

A paper, by Dr. Tweedie, was then read to the Society by Dr. Seymour, in which a case of swelling of the lower extremity, somewhat resembling the diffuse cellular inflammation so accurately described by Dr. Duncan, was related. An interesting discussion followed, in which all allowed, with the exception of Dr. Thomson, that the disease described by Dr. Tweedie, resembled the diffuse cellular inflammation and phlegmasia dolens, and that the latter complaint did not consist in inflammation of the veins only.

Mr. COULSON said, that he would ask Dr. Tweedie whether the affection which he had described, as attacking the lower extremity after fever, did not sometimes attack the superior extremity. He had opened a great number of the patients who had died at the fever hospital, and he recollected distinctly observing in one, if not in two cases, an œdematous appearance of the fore-arm, which led him to make an incision into the part. On making the incision, he found a quantity of sero-purulent fluid situated above the fascia, similar to that which Dr. Tweedie had observed on the lower extremity.

Dr. TWEEDIE replied, that he had met in two cases the appearances to which Mr. Coulson had alluded, in the upper extremity. It had, however, come on only a few hours before death, and the swelling extended from the wrist up the fore-arm towards the elbow.

The Society then adjourned.

THE RICHMOND SCHOOL OF ANATOMY.

To FILIUS ÆSCULAPII.

MY DEAR FIL,—You will, perhaps, be surprised at being addressed, and in such familiar terms, by one who has never had the honour of a personal introduction to you; but as your father is one of my most respected friends, and as I have a few monitory words to offer to you, I adopt your own plan, of conveying my sentiments through the medium of the press; and, in doing so, I presume to meet you on the footing of an old acquaintance. In the last number of THE LANCET there is a letter to the Editor from you, my dear Fits Physic, (your English name is more familiar, and sounds more croney-like to my ear,) *verbosa et grandis epistola*, detailing, what you are pleased to call, the faults and advantages of the Richmond School of Anatomy; and, really, considering its want of wit, elegance, and truth, it is, on the whole, a very fair sort of production. As, however, it is evidently your first essay in writing, you will allow me, as a friend, to examine it freely,

and candidly point out its "faults and advantages."

In the first place, then, I object to the weak and somewhat girlish style of your letter, afraid to strike boldly and unblushingly in a bad cause. This is a fault natural to young writers, but of which I hope you will mend; and I am the more encouraged to hope so, as I perceive you are gifted with a reasonable share of ill nature and ingratitude, very useful acquirements in the line you have adopted. It is, no doubt, an excellent ruse to affect liberality, generosity, and so forth, and to throw in a very few words of praise when concocting a lampoon; but to do this, so that it be not overdone, requires the hand of a master. But do not be cast down; your letter has one excellent feature, its total disregard of truth: for instance, you say you speak the sentiments of the majority of the class, which you and I know is not the case. You say, that "we (the pupils of the Richmond Hospital) know not in what manner the post-mortem examinations are conducted, as we never hear of them until they are finished, or until, occasionally, the mangled subject reaches the dissecting room;" a very pretty untruth, and well delivered; the examinations, as I can myself affirm, being constantly made in the presence of the class, and with the utmost endeavour to promote their general utility. Again, you say, that "the demonstrators neglect attending in the dissecting room, and appear there only in the absence of the pupils, for the purpose of purloining a part of the subjects allotted to them."—Excellent! I could hug you for that falsehood. Those gentlemen have publicly given a flat denial to the charge of *purloining*; and you know, as I do, that they have never shown any backwardness in imparting information to the pupils when called on to do so. Dr. M'Donnel spends some hours daily in the Museum, where he is always accessible; and Dr. Flood has remained in the dissecting room during a portion of every day, with the exception of two, since the present course began. Verily, my dear Fitz Physic, I have hopes that you will yet rival the fame of the great Ferdinand Mendez Pinto, and his greater antetype.

Now, lest you should grow too proud, I must mention one of your faults: your sophistry is of too flimsy and transparent a texture; thus, when you detail, as a grievance, the great number of lectures in the school, and say that a pupil must either lose the opportunity of dissecting, or be debarred from some of these, which you call a gross injustice, do you not see how easily you may be answered? Thus, if a hundred persons sit down to a dinner, consisting of several dishes adapted to the various tastes of the company, and if the bowels of Fitz Physic, whom we shall suppose one of the party, yearn strongly after boiled beef and cabbage, is it a gross injustice that he cannot eat a hearty meal of his own favourite dish, and take besides a plateful of every other on the table; or would the provider of the feast be justifiable in stinting the other guests, who might not have much appetite for beef, and providing nothing but this food, excellent indeed, but not alike suited to the taste of every gourmand?

But what the deuce do you mean by talking of the length and minuteness of Dr. M'Dowel's lectures? Do you really mean to panegyrise the man? If so, you might speak of the great clearness and correctness of his anatomical demonstrations, and you might, with warmth, extol the rare singleness of purpose with which he pursues what seems the object of his ruling passion, the improvement of the pupils of the school, under the disadvantage of delicate health, rendered still more precarious by his professional exertions. But there is truth in this, therefore eschew it.

But, softly, I really begin to suspect that you are not, as you pretend, a pupil of the Richmond Hospital and School; for, as I am so, I can discover in your letter, evidence of as much acquaintance with the details of those institutions, and as much ignorance of them, as might be expected from one who had his information at second hand. You misstate the hours of the surgical and chemical lectures; you call the Hardwicke Fever Hospital, the Haselwich, and you confound Dr. M'Dowel with Dr. M'Donnel, although I assure you they are two separate individuals. But one circumstance confirms me in the opinion I have just stated, your omitting all mention of one of the conductors of the school, and one, too, not the least prominent. It appears to me next to an impossibility, that any pupil of our school, in writing a detail of "its faults and advantages," though he were armed in threefold malice and sevenfold stolidity, should avoid bearing testimony to the striking merits of Mr. Adams as a teacher. An accurate and ready observer, a close reasoner, an ingenious speculatist, yet a cautious innovator, he possesses powers of judgment and imagination that rarely meet in such happy combination. Himself endowed with talent, he is pleased in eliciting it from others, and bringing to his task, as a lecturer, high natural and acquired qualifications, and animated with an ardent love for his profession, he imparts interest to the tritest and driest subjects, till even dulness itself, catching spirit from the lecturer, becomes enlivened by sympathy. Farewell, my dear Fitz Physic: after speak-

ing of such a man, excuse me if I do not return to you and your drivelling calumnies.

Believe me yours, most faithfully,

FILIUS PATLANDICI.

Postcript, which the public are requested not to read.

Let me implore you, my sweet fellow, for the honour of your parentage, somewhat to amend your cacology. Recollect, that Æsculapius was the son of Apollo, and what would your grandfather think if, at one of the Muses' converzationi, you were to utter such stuff as this,—"To all these he is admitted to the post-mortem examinations which are always instituted!" Filius Æsculapii, I fear you must add "Nothus" to your title!—Adieu.

Dublin, March 31st, 1828.

THE VETERINARY COLLEGE.

To the Editor of THE LANCET.

SIR,—On reading your publication of the 15th ult. the students of the Veterinary College were much surprised to find, that you have again given publicity to several gross falsehoods, with which your informant has been pleased to favour you; but before we proceed to state the facts, we would beg leave to say, that your correspondent appears to be one of those whose chief employment is (while within the walls of the College) to invent calumnies for your Journal, instead of accompanying the Professor, or his assistant, in their daily attendance on the horses in the stables of the College. Were your reporter even to approach to truth, your observations would have been unnoticed by us; but we cannot permit your various misrepresentations to pass unanswered.

In the first place you state, that—"We inserted, a few weeks ago, certain resolutions, purporting to have been passed by the pupils of the Veterinary College, the avowed object of which was to contradict certain statements which had appeared, from time to time, in THE LANCET; and that we have already stated, the number of pupils who attended the meeting, at which these resolutions were passed, did not exceed twenty-five, the whole number of pupils in the College amounting to nearly one hundred." The meeting to which you refer, was solely and unexpectedly got up by us, after lecture, on the 6th of February, when the number of pupils within the College did not exceed forty. After the meeting broke up, thirty-nine of these gentlemen (out of forty present) came forward and voluntarily subscribed their names to those resolutions, (which you state to be signed by "only fifteen pupils,") thereby proving that your informant, be he who he may, to prejudice the public against this Institution, has widely differed from the truth. You assert, that "nearly one hundred students attend the Veterinary College;" this statement is equally unfounded, for it has been ascertained, that there never has been more than eighty pupils, at any one period, present; and, at the time of the meeting, the whole number was then, and is now, considerably under seventy. Your informant admits that twenty-five pupils were present at that meeting, and that they of course were "satisfied," although you had previously stated, that, "*without exception*," they were not only "dissatisfied," but "discontented and indignant."

But, Sir, to show you the real feelings of the pupils of the Veterinary College, they addressed a letter to Professor Coleman, on the 29th January, approving of his conduct, lamenting his long protracted illness, and requesting he would not leave his room, until he should be sufficiently recovered to attend his official duties in the College; this letter was signed by upwards of sixty pupils. Now, Mr. Editor, are not these sufficient evidences to prove the malignant calumnies of your reporter.

In the second place you assert,—"That the resolutions were said to be carried unanimously, nor was this surprising, for the negative question was never put by the Chairman." We are astonished that you, Sir, should continue to place confidence in your informant, and allow such an article as this to appear in your Journal. The Chairman did put the question—amendments were made—and then the resolutions was carried unanimously. In our opinion, the best and most charitable apology that can be offered for your informant is, that, were he present on this occasion, he must certainly have been in the *arms of Morpheus*, during the entire period of the meeting; and here I would repeat, that thirty-nine out of the forty, unsolicited, signed the paper.

In the third place you state, "that several of these pupils were to undergo their examination on the following day, and did, in point of fact, obtain respectively a thing called a diploma, at Mr. Coleman's residence." Here again your informant is totally wrong, for the meeting of the students was called by us alone *who were not examined*, and out of the thirty-nine who signed the resolutions, only five went up for their diplomas, and these were not all successful; and it is here necessary to add, that even if they were all going up for their diplomas, Mr. Coleman and his assistant were (and

are, we believe, to this day) totally ignorant of the names of the gentlemen who formed the meeting; but the paper containing their signatures is still in possession of the secretary to that meeting, who will feel great pleasure in showing it to any gentleman who may have any doubts on the subject.

In the fourth place, you "call upon the friends of Mr. Coleman, if they are really desirous of answering these statements, to say whether a single clinical or stable lecture has been delivered this season." Now, Sir, we again refer you to what we have already stated, that your correspondent must be one of those who neglects his duty as a dresser when it comes to his turn, and prefers remaining about the offices of the College, instead of accompanying the Professor or his assistant to visit the horses in the Infirmary. He must be well aware that the Professor, when his health permits, never visits the stables with his pupils, without delivering one or more clinical lectures, or making some practical observations on such cases as he may think worthy of notice. In conclusion, we feel that, from the variety of false statements made by your correspondent, it is evident he must have been induced to do so, from no other cause than dishonourable motives.

Your inserting the above, as early as possible, will oblige, Sir,

Your humble servants,

G. Griffiths.
G. Johnston.
R. O. Hughes.

[We must once more advise these young gentlemen to be a little more discreet in their statements. The "resolutions" sent to us by Mr. Griffiths and Mr. Johnston, and published in No. 234 of this Journal, are *not* the resolutions adopted at the first meeting of the pupils. The negative question was *not* put by the Chairman on that occasion; and the boasted protest of the "*body*," it now comes out, was only from *thirty-nine*, although the number of students is "under SEVENTY."—Ed. L.]

LAMBETH DOCTORS.

To the Editor of The Lancet.

Sir,—Being one of those staunch patriots who in despite of the witlings of the age, duly appreciate the wisdom of our ancestors, I was deeply affected by that hitherto unheard-of reform in the Scottish universities of St. Andrew's and Aberdeen, when, through a species of self-denying ordinance, they divested themselves of the power of conferring medical degrees on such worthies as the far-famed Doctors Solomon and Brodum, as well as on all other aspirants of that class who might choose to present to those learned bodies the sum of 19*l.* 4*s.* 8*d.*, as Doctor Pangloss tells us, in recompense and acknowledgment for the honour conferred.

While thus deploring the spread of innovation, so portentous, I have just been cheered by the information that the trade in medical degrees is still to flourish; and that to, under the patronage and monopoly of no less a personage than his Grace the Archbishop of Canterbury, who, inheriting from the Pope the power to regulate the concerns, not only of our souls but our bodies, has of late been so active in appointing conservators for these last, that now almost every quarter of England may soon be expected to teem with these newly-dubbed doctors. And we are now, in the 19th century, witnessing the revival of an abuse of the worst and most barbarous ages of popery; so barbarous that monks were then the only physicians and surgeons, and therefore the chief of the monks was of course constituted, not improperly, the judge and dispenser of medical qualifications; but, good God! who could have ever supposed, that the exercise of such a privilege, and remnant in itself of ignorance and barbarism, would be claimed in the present age under the reformed religion, by the enlightened primate of our national church. As well, in my opinion, might the right of sanctuary at Lambeth be revived, and the granted excommunication by bell, book and candle, and as well, and far better, might our King still insist on extending the healing power to those afflicted with scrofula, by the royal touch. This, in itself, would be but a harmless piece of foolery, almost justifiable, notwithstanding its extreme folly, as affording to the miserable, with weak despairing minds, some temporary consolation; but for a churchman of any kind or description, be his rank or dignity what it may, to take upon himself the office of distributing the highest honours of a profession to which he does not belong, and can never be supposed to have studied or understood, is not a whit less mischievous and insulting to common sense, than it would be for the presidents of the College of Physicians and Surgeons to appoint bishops and other dignitaries of the church. No such power as that of conferring doctors' degrees has ever been extended to the first of these bodies, and our King, as head of the church, might surely with far greater propriety take upon himself to exercise it than the Archbishop of Canterbury; but this is a stretch of prero-

gative which even the most despotic monarchs of ancient or modern times do not seem to have thought of. If such an unseemly privilege amidst the chaos of our ancient laws really has descended from the rubbish of popish times to our primate, of which I have well-founded legal doubts;* then I must say, that like the trial by battle, and other venerable legacies of that sort, it would be far better honoured in the neglect than in the observance.

The universities of St. Andrew and Aberdeen have, to their immortal honour, divested themselves (and that too before the present royal visitation of the Scottish universities was so much as thought of) of the infamous privilege of conferring medical degrees without personal examination, or regular evidence of complete professional education.

Individuals have been known to reform themselves; but the proverbially shameless corporated bodies, it is said, never.

The case before us presents an illustrious exception; the example of which ought to be earnestly recommended to our Archbishop; and if the recommendation fail, then an appeal from the whole body of physicians in the united kingdom for redress, and rescue from so monstrous an abuse, should forthwith be presented to Parliament. I know it will be said that the Archbishop never would confer degrees without due recommendation. Nor did the universities I have just quoted. They were never prohibited by mere statutes so to do; but the most flagitious quacks, whenever they thought it worth their while, could, and did, procure them notwithstanding, and this will still more certainly be the case when the president, at the fountain head of honour, can know nothing of the value of the recommendations presented, or admits any proofs but those of complete university education, in which case the interposition of any churchman would be altogether unnecessary. So worthless must all other recommendations be, and so gross the trade of their fabrication, that the witty Doctor Pitcairn is recorded to have procured from the university of St. Andrews the degree of doctor in medicine for his horse. In vain can it be argued that the character of our present eminent and most virtuous primate affords an ample guarantee against any such abuses. It cannot save him from error in giving judgment in cases where his ignorance must necessarily be palpable; but we are bound to go farther, and not only to save him from himself, when he might be goaded, through importunity, to commit a gross wrong, but to save ourselves by every exertion in our power against the future recurrence of so manifest an injustice.

I shall trespass no farther on your pages, Mr. Editor, believing I have said enough to call the attention of the profession to this most important subject. I have selected your excellent Journal, because I know that, as the fearless intrepid guardian of the public interest, it is ever open to the exposition and redress of abuse under whatever form it may appear.

AN ENGLISHMAN,
And an University Graduate.

* Vide Paris and Fonblanque's Medical Jurisprudence, vol. i, p. 13.

ABUSES IN THE WESTMINSTER HOSPITAL.

To the Editor of THE LANCET.

SIR,—I much regret to be under the necessity of again requesting that you will do me the favour to afford me a place in the pages of your impartial and widely circulated Journal, to reply to the last letter of "Westmonachus," and in doing so, I will endeavour to condense the few observations I have to offer, in as small a compass as the subject will admit of. In reply to my last letter, he says, "I will rest my arguments on matters of fact only, and will not attempt to imitate either his logic or politeness." Now, Mr. Editor, you will be much surprised, after this pompous statement, to learn that he has not brought forward a single fact to substantiate his assertions, which, I have no hesitation in stating, *in limine*, to consist of a *tissue of falsehoods*. From the tenour of Westmonachus's letter, it is quite evident that he is one of those panegyrists who, from some personal motive, and without the slightest regard to truth, has volunteered his services in defence of the medical officers of the establishment, in hopes of ingratiating himself in their good will. In my former letter, I pointed out the period of the day the pupils are allowed to visit the patients, and that statement is in perfect accordance with the regulations of the hospital. That post-mortem examinations, as stated by Westmonachus, are always performed when the friends of the patients do not interfere to prevent them, (and within the last six months, only three instances have occurred, in which inspectio cadaveris was omitted, and these were owing to the cause above stated,) I have no hesitation in pronouncing to be positively false; that public notice has very frequently been given antecedent to these inspections, but without any increase of attendance on the part of

the pupils,* and the two or three students who are constantly present on these occasions, not requiring the stimulus of a placard in their pursuit of knowledge, the practice has been discontinued for the last two months, is also notoriously false. That Westmonachus is one of those idle pupils, who is satisfied with literally "walking the hospitals," and considers that he has done his duty to his parents, to himself, and society, in joining in the march of intellect on Wednesdays and Saturdays, I would willingly acknowledge to be true. It is unquestionably a fact, that the visits of the surgical pupils of this hospital to the dead room are "*few and far between*," for the medical officers take good care to deprive them of this valuable source of information; information which cannot be acquired by oral instruction. For my own part, I am perfectly disinterested, having now discontinued my attendance at this institution; but it is incumbent on some person to vindicate the rights of the pupils, when such a blunderer as Westmonachus, who, from ignorance and presumptuous abuse, attempts not only to represent, but misrepresent the advantages of the institution. It is to hoped that the surgeons have, ere this, as well for their own sake as that of the pupils, redressed the grievances so loudly complained of. In bidding farewell to my adversary, if he thinks that I have animadverted too freely, or too severely, either on himself or his letter, I would recommend to him the following precept—"*Ab alio expectes, alteri quod feceris.*"

I remain, Sir,
Your obedient servant,
PHILALETHES.

April 7th, 1828.

MEDICAL ASSISTANTS.

To the Editor of THE LANCET.

SIR,—As you so readily and willingly inserted the letter of a "Medical Assistant," which contained the account of abuses to which that body was exposed, I have, according to the suggestions therein proposed, forwarded to your office a paper for signature among that class of the profession, with any others who may feel interested on the subject.

Not being the original promoter of the question in your Journal, I should take upon myself undue merit, were I thus to regard it; but I have no doubt the insertion of this will call forth the strenuous efforts of your first correspondent, and that by adopting discreet and decided measures we may relieve ourselves from our present burdens.

Should this also meet the approbation of any established practitioners, who would kindly assist the objects of the same, by taking an active part in the cause of reform, their services would, no doubt, be sufficiently appreciated by all, and they could signify that intention by putting an asterisk to their names in the paper.

Medical Assistants, generally, are therefore informed, that this paper will remain at THE LANCET office, for signature, for a few days, and their co-operation is particularly requested (at present only by name) to enable the present advocates to form an opinion by the number subscribed.

I remain, Sir,
Your obedient servant,
A MEDICAL ASSISTANT.

HUMBUG.

To the Editor of THE LANCET.

SIR,—In the number of Professors mentioned for the London University, one has been omitted, and in that omission the most necessary ingredient for the medical part of education has been forgotten. That anatomy is most requisite for the surgeon, every one must admit; that a knowledge of medicine and its uses, joined with the necessary appendages of medical, chemical, and pharmaceutical knowledge is equally allowable, must also be admitted; and yet, with all these, I cannot find the necessary professor indispensable for the success of the youth entering upon the medical arena. Without this instruction, all his other attainments are useless. His anatomy serves him not; his medical, surgical, and chemical knowledge avail him not; neither does the honourable feeling consequent upon being a member of a profession (necessary for the comfort of the human race and one honourable to human nature) forward his success. One professor is wanting, and one undeniable qualification untaught! Is it considered inherent in the composition of man, for it is more looked upon than the most consummate skill, and infinitely more successful? What is this qualification?—HUMBUG! A professor well grounded in that essential cannot be dispensed with, and there are myriads amply competent to instruct the initiated.

A NON INITIATE.

Twickenham, March 25, 1828.

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* What will the students say to this imputation?

THE LANCET.

London, Saturday, April 19, 1828.

The members of our profession must have seen with regret, in the Parliamentary reports of this week, that the Marquis of Lansdown failed in his attempt to diminish existing prejudices by omitting in his Bill for the Consolidation of the Criminal Law the clause which consigns the bodies of murderers to the purposes of dissection. Earl Grey opposed the omission in a singularly confused and illogical speech; but his arguments, such as they were, appear to have confirmed the prejudices of his noble hearers, and the object of the numerous professional petitioners, who have approached the legislature, will, we fear, for the present session be frustrated. We are persuaded, that no provisions which can be adopted with a view to facilitate the acquisition of anatomical knowledge will ever be effectual, so long as the legislature sanctions the annexing of dissection as an addition to the punishment for the crime of murder, and thereby fosters and encourages the prejudices entertained by the public.

If the legislature regard dissection as a degradation, and a fit punishment for the criminal, how can it be expected that the public will not regard it as a degradation, and a punishment unjustly inflicted upon the innocent? We subjoin the remarks of the editor of the *Morning Chronicle* on this subject; they are characterised by the vigour, acuteness, and philosophical spirit, which distinguish the leading articles of that able writer:—

Earl Grey last night moved, as an amendment to the Bill for consolidating the law relative to offences against the person, that the clause ordering the bodies of murderers to be given up for dissection, should be restored. His reasoning in favour of his amendment was not very consistent. "He believed, that if an individual had made up his mind to complete so horrible a crime as murder, that no additional fear or disgrace would deter him from carrying his design into execution; but, in his opinion, the giving the body to be dissected, operated effectually by spreading a salutary terror through the community, and kept up that horror at committing the crime of murder, for which the people of England had always been distinguished in the opinion of those who had paid most attention to the subject." At the same time he doubted if the theory, "that the stigma thus cast on dissection, by condemning the murderer to be dissected, prevented others from allowing their bodies to be dissected after death, and prevented the relations and friends of the dead from giving them up for this purpose, were founded in truth." But if the addition of dissecting is effectual to the spreading a salutary terror through the community, and to keeping up a horror of committing the crime of murder, it must be effectual in preventing persons from allowing their bodies to be dissected after death, and in preventing relations and friends of the dead from giving them up to be dissected. But there is a vagueness in the whole argument of his Lordship. Dissection must either be an awful thing in itself, or it is not. If it be not awful in itself, then it is the horror of murder which communicates the horror at dissection, from its being reserved for the murderer. In that case the dissection is superfluous, as it has no horror but what it borrows from the murder. The horror of murder is, on this supposition, communicated gratuitously to dissection, as, if an object to borrow part of the horror must be had, something else might be hit on, the selecting of which would not be injurious to medical science. But if the dissecting is horrible in itself, and communicates an additional horror to murder, then his Lordship, to be consistent, should follow up his principle, by adding a number of other hor-

rors, besides dissection, to death for murder. He should return to the embowelling system, or borrow a chapter from our ancient allies the Turks, and suggest empalement.

His reasoning is a logical blunder of a very obvious kind. The horror of murder, is the cause of the horror felt at the punishment reserved for murder, and not the punishment the cause of the horror felt at murder. Punish any man with death and dissection for what, in public opinion, is a praiseworthy act, and see what will become of your horror.

Again, his Lordship believed, that if an individual had made up his mind to complete so horrible a crime, no additional fear or disgrace would deter him from carrying his design into execution; but he wished, by giving the body up for dissection, to spread a salutary terror through the community. He wishes to terrify those who are not likely to commit murder, by means which will have no effect in terrifying those likely to commit murder. Precious principles of penal legislation! and preciously supported! We cannot stay the hand of the murderer, but we can frighten other people; we can strike a salutary terror into them! But why salutary? The object of punishment is to deter from guilt, and not to terrify the innocent. But we have here again the self-same fallacy. It is the horror of the murder which produces the salutary impression on those who witness the punishment, and not the severity of the punishment. The prostitution of severity of punishment renders the people callous. When men were hanged in London for all manner of crimes, the scene of execution was a scene of gross and indecent ribaldry. But when punishment is reserved for crimes for which the people feel a horror, they view the punishment with the same feeling.

As to what fell from Lord Tenterden, it was sheer twaddle. He must take the liberty of doubting, that the giving up the body to dissection cast a stigma on dissection; but he was unwilling to see an alteration, which might diminish the terror at the punishment of murder, and thought that when the first idea of committing such a crime entered the mind, it might be checked and expelled, by the additional disgrace of his body being liable to be exposed after death. There is no dealing with this.

Edinburgh Medical and Surgical Journal.
April, 1828.

Let no one in future affirm, that the medical is a grave profession; for as a pun or a definition, the epithet is a calumny. Doctors, indeed, seldom send sick folks to the grave except by mistake, or when they cannot otherwise help it; and we have in the work before us, a demonstration to the length of some hundred pages, that they are the most laughter-stirring essayists of the age. The caterers for magazines, who toil night and day to amuse us once a month, are really to be pitied when their pains are contrasted with the ease with which the correspondents of the medical journals excite our risibility. The former endeavour to put us in good humour by an artificial levity, which not unfrequently makes us excessively sad; the latter succeed by an unaffected philosophic solemnity of manner in which they burlesque the most serious subjects. Quite unconscious of the powers which they possess, they are not only witty themselves, but the cause of it, like Falstaff, in others. We are quite willing to put our theory to the test of experiment, by transplanting into the New Monthly, or Blackwood, one of the twenty original communications in the "Blue Journal" for this quarter; and if it do not surpass in effect the best specimens of studied humour in either of these miscellanies, we will for ever relinquish all pretension to a critical perception of the ridiculous. The only exception we will state to this trial is, that our friend Dr. Johnstone

be not one of the jury; for, subsisting as a journalist by plagiary alone, we fear the contents of the present number will have a melancholy effect on him, and that while the whole profession is enjoying the fun, the Doctor will be actually shedding tears at their total inutility, even for the pages of a "fasciculus." But we must hasten to confirm him in the gloomy tidings by a running commentary on the entire stock.

In the front of the line stands Mr. John Crichton, surgeon of the Royal Infirmary at Dundee, and certainly worthy of appearing at the head of more respectable troops, being a marvellously modest and clever man. From his name, residence, and ambidexterity, we strongly suspect, indeed, that he must be a lineal descendant of the "admirable Crichton," for whose birth Dundee and Perth might institute an antiquarian contest, like the cities of Greece for that of Homer. Mr. Crichton, however, appears to be an excellent lithotomist, breaking a lance with Mr. Martineau himself, of Norwich, for the palm of success, and the number of his operations. From a table appended to his short essay, we find that he has cut for the stone in upwards of seventy cases, with but the loss of some nine or ten patients, though he tells us, he never refused to operate under the most unfavourable circumstances. This table, however, does not contain all his cases, for, like all great artists, he seems to think so little about the feats which he has achieved, that he has kept no regular record of the whole, but states, that they may in all amount to a hundred. What is still more remarkable, but equally characteristic of the man of genius, he does not even trouble the public with an account of his method of performing the operation; and we can collect little more on this point from his essay, than that he considers the man of more importance than the measure, and is a decided enemy, consequently, to all instrumental stratagems for the extraction of the stone, as may be perceived from the following pithy expression, after noticing the various sections proposed by different lithotomists:—

"By each of these modes, the opening has been successfully made, and will be so by those who can properly guide the instrument; and by none of them will it be well executed by those who cannot."

'Tis heart alone, north steel and stone, &c., to which Mr. Crichton entirely looks; but we regret that one, so capable of affording information on the subject about which he writes, and whom we are sure, from the specimen before us, it would be so agreeable to quote, should have given us an opportunity of recording the results of his experience on only one or two other points. On one of these, the union of the incision made in cutting for the stone by the first intention we certainly agree with him, that the profession has not given the matter that consideration which it deserves, as he expresses himself in these observations:—

"Though his attention has been but lately turned to this subject, he has had the satisfaction of succeeding in the attempt in five different instances. Three of these successful instances occurred in children, the other two in men upwards of seventy years of age. Where the incisions have been fairly made, union by adhesion may be secured, and ought to be attempted, in order to prevent one of the most disagreeable consequences of the operation, the dribbling of the urine for days through the wound, with the risk of infiltration."

What now becomes of all the splutter that has been made by writers and operators about the passage of the urine through the urethra being a dangerous symptom, when occurring immediately after the operation. When we see three children and two men of seventy whole and sound, so that no one could discover the marks of a knife on them in three or four days after the extraction of the stone; such miracles, we fear, are only to be accomplished by such men as Mr. Crichton, who is equally luminous and to the point on the second and only other topic on which we shall quote him, as follows:—

"When the bladder is laid open, the urine escapes, and the bladder contracts round the stone. Where then, is the stone to be found? Close to the opening, most certainly. In one hundred cases in which I have operated, it has always been so. By not adverting to this circumstance, the forceps is passed over the stone, carrying the coats of the collapsed bladder before its point; the stone all the while lying beneath the blades. At another time the stone is pushed before the points of the forceps, and a portion of the bladder contracting around it, like the finger of a glove, it cannot be laid hold of. The like may also happen from the bladder being too much distended with urine, in consequence of the cruel and absurd practice of compressing the urethra some hours before operating, in which case the bladder, when suddenly emptied, may collapse irregularly and retain the stone, especially if a small one, between its folds."

In these and the other remarks which precede them in Mr. Crichton's paper, he very properly endeavours to guard the operator against the common error committed in the manipulation of the forceps; for in most of the ill-performed operations which we have witnessed, the difficulties of each case seemed only to have commenced with the introduction of the forceps. Nothing, indeed more common, as Mr. Crichton observes, than to see one of these bunglers absolutely sweating with turning, twisting, and groping with a forceps for nearly an hour, as if he were really fishing for a pin-head in a forty-fathom whirlpool, while the object of his search was all the time lying at the surface. Whether the explanations which have been given by Mr. Crichton of these difficulties be correct or feasible, we will leave our readers to judge for themselves, merely observing, that the similes of the "finger of the glove," and the "irregular contraction" of the bladder are, perhaps, too ingenious even for that most astute of all mechanicians—Nature; but we critics, who perform the operation oftener with the pen than the scalpel, have no right whatever to question the experience of a hero, whose blade has been "fleshed in a hundred battles." In parting with Mr. Crichton, which we do with the deepest respect for his talents, we need scarcely observe that he states, that in his hundred cases he had not a single instance of that bug-bear so much talked of in works on lithotomy, wounding of the pudic artery; and in this respect we can assure him, that he is by no means singular, for arteries of every description invariably keep out of the way instinctively, whenever they perceive the knife of an expert operator like him in their vicinity.

A paper of a similar description follows, by Mr. Liston, containing a table of thirty cases, in which he cut for the stone, and with but the loss of one patient. In their contempt for instrumental devices, and their confidence in manual dexterity, as well as in their success, there is a striking accordance of opinion between these two Lawrences of the north. The same indifference to the vulgar notion, of the difficulty of the operation, is also a feature common to both these artists. Mr. Liston, for instance, informs us with the utmost simplicity, that

"He never for show cut against time; but, that he has very often finished the operation *leisurely* in less than one and a half, or two minutes; that he uses a sharp-pointed instrument for making the incisions, a large staff with a wide groove betwixt its convex side and surface, a large elastic tube in the wound, for the first few days, to guard against infiltration, and that he never prepares his patients, as he conceives that more is lost in the depression of spirits that attends delay, than can ever be made up by physicing before, or by attention after, the operation."

We cannot conclude our notice of these two papers, better than by pointing out the moral lesson, which they present against all medical book-makers. We have here two pre-eminently successful lithotomists, the one cutting in thirty, the other in a hundred cases of stone, and neither thinking it necessary to dilate on an art in which both excel, beyond ten pages; while the late Mr. Allan, who, we believe, operated but three or four times in his whole life, thought fit to blow his experience into a brace of quarto bubbles!

With these papers we quit the common sense part of the collection, and are immediately warned of our approach into the regions of twaddle, by an essay, from the pen of Dr. Lee "On Delivery in Presentations, where Turning is unavoidable." Divested of the chaff, we shall present the one grain contained in his bushel, though we are perfectly aware, that the same is not of native growth :—

"Whenever the valuable life of the mother is in danger, and no good can result from the operation of turning, so far as the child is concerned, I propose to do by art, that which is effected by nature in cases of spontaneous evolution of the fœtus. I separate the arm from the body, perforate the thorax, and having fixed the crotchet in the pelvis, or lower part of the spine, make such a degree of traction as may effect the delivery, without laceration or contusion of the soft parts of the mother."

Cases are given, in which the dead fœtus has been thus extracted in a doubled state, with perfect security to the parent; but notwithstanding his lamentation over the neglect of writers and lecturers on the subject of turning, &c., it is almost impossible to add anything new in the way of instruction and advice, to what has been both written and spoken on the topic. We see no possible reason why the next three papers, by Dr. John Davy, physician to the army, should not have been incorporated into a "tria juncta in uno," their contents being of so homogeneous a character. They consist of an examination of, and experiments on, the following queries :—

"Is the fibrin of the blood of lower specific gravity, than even the serum? Is the blood, which has a buffy coat after coagulation, of lower specific gravity than healthy blood? and does it contain a larger portion of fibrin? Is there any heat given off during the coagulation of the blood? Is there any free carbonic acid in the blood?"

In opposition to the statements of Magendie and others, Dr. Davy answers these several questions in the negative; but experiments, and the reasoning founded on them, rarely admitting of an intelligible curtailment, we shall merely content ourselves with the general results, leaving Dr. Johnstone to supply our deficiency, who has lately turned out a connoisseur in condensation, as well as contradiction. Conversant as the performance of our critical duties necessarily renders us with the artifices of authorism, we confess we never met with so impudent an appropriation of the common property of the profession, so outrageous an insult on its common sense, as that displayed in the paper which follows the preceding articles. Who indeed could have supposed, that the treatment of whitlow required to be improved, much less imagine that any writer would have the assurance to take to himself the credit of practice so successful, and well known by every surgeon in the British Empire? Yet these are the ends which Dr. Craigie, of Edinburgh, proposes to accomplish in a thirty page essay, entitled, "Observations, Pathological and Practical, on Whitlow." Instead of making long extracts, and giving a continuous comment on them, we shall come at once to close quarters with the Doctor, exposing the more glaring points of his presumption, sentence for sentence.

"By many," says he, "whitlow is considered as a complaint too trifling to merit serious attention."

No, indeed, master Filch, it is considered no such thing, it merely answered your purpose to say so; for, by every surgeon, the complaint has been considered one of the most painful, and even dangerous maladies, to which fingers and hands, at least, are subject.

"When a person complains," continues the Doctor, "that he cannot use his hand, because a finger is painful and swelled, he is recommended, in imitation of the older surgeons, to apply the balsam of arcæus, or phioravant, or warm oil of turpentine; to plunge it in boiling water after the manner of Callisen and Homberg, perhaps to envelope it in a poultice; or, according to the compressive method of Parry, to apply a tight bandage."

No such directions are now ever given;

nine-tenths of the surgeons of this country, know nothing of your arcæus or phioravant, though they know perfectly well how to treat whitlow; and that this was the case, you were perfectly aware, by your own confession.

"That this was not always the case, I am perfectly aware. The writings of Ambrose Paré, of Wiseman, of Gouey, of Garengeot, of Heister, David, and many other surgeons show, that whitlow was always apprehended as a disease which was not only severe at the time, but might terminate in the destruction of useful parts. I know not that I would be justified in asserting, that the precepts of these authors are entirely overlooked by surgeons; but I have some reason to infer, that if they are not entirely forgotten, they are by no means so thoroughly understood among the generality of practitioners, as to be steadily applied in practice."

"Willing to wound, and yet afraid to strike," the wriggling struggle between the fear of detection, and the desire of spoliation in this conscience-stricken compromise with the profession, needs no illustration. We are next treated with a long account of the divisions of this disease, by various writers, out of which the Doctor compounds an arrangement, which he thinks much better than any yet given, though, in reality, it is the one generally adopted by every surgeon.

"Every form assumed by whitlow, however varied in degree, in kind, or in extent, may be referred, I conceive, to the three following simple heads:—1st. That which is seated in the corion, or, at least, in its outer surface; 2d. That which affects the subcutaneous cellular tissue; and 3d. That which, commencing in the synovial sheaths of the flexor tendons, passes not only to the cellular substance and skin, but to the subjacent and adhering periosteum of the phalanges."

Such is the Doctor's *new* arrangement, between which and Garengeot's, he is obliged to confess there is but this difference, that his third division is made to comprehend a fourth form of the disease mentioned by the former author, as commencing in the vessels passing from the periosteum to the bone, but which variety of the complaint Dr. Craigie thinks is but a secondary effect of the inflammation originating in the thecal sheaths, and subsequently passing to the periosteum of the bone. There is no reason, however, for supposing, until the contrary is demonstrated, (which, though Dr. Craigie has pledged himself to do, he has certainly failed in the attempt,) that inflammation does not primarily attack the periosteal vessels of the bones of the phalanges, just as it does in the acute periostitis of other parts of the the body, and thereby produce what is called paronychia. But the Doctor must have a new arrangement of his own, perceiving, we presume, that some late writers acquired a little reputation by this fashionable manufacture. There is not, indeed, a two-year-old pathologist, who writes a paper at any of our juvenile medical societies, who has not his new arrangement; one of whom, we have lately heard, beat Dr. Copland hollow, having divided typhus fever into twenty-five stages, and assigned very plausible reasons for his disposition of the subject.

"Nothing is easier," says the shrewd Dr. Barclay, "than in this way to class and arrange from fancy or whim, and nothing more difficult than to class and arrange after the manner of a Bacon, or a Linnæus. The first only requires a genius for new-fashioning trinkets and dresses, or inventing new modes of reform, to suit the popular taste of the day. The second requires the steady, vigorous, penetrating mind, that takes in the compass of nature at a glance, that learns from herself to explain her various operations, and how to discover those general laws, which the Almighty Sovereign of the universe has willed her to obey."

The Doctor, we fear, will come under the definition of one of these pathological milliners, "with a genius for new-fashioning trinkets and dresses;" but be this as it may, he next favours us with a description of the symptoms—lippis et tonsoribus nota—aye, to the precise quantum and quality of the pain felt by the patient; and then, with the pathology of the disease, as a matter of course, as follows:—

"The digital corion presents certain peculiarities, which impress a particular character on its morbid states. It is, in the first place, exceedingly vascular, more so than in any other part of the person, scarcely excepting the face. So far as can be judged from inspection, and the effects of mechanical means, it is much more dense and compact, than in any other part of the body. Thirdly, its proper sensibility, or what Bichat terms its organic sensibility is very considerable; and that which it derives from minute ramifications of nerves is so great, that several physiological anatomists have ascribed to this circumstance, the high sensibility and nice tact of the digital corion. To these circumstances, which are well-known to anatomists, may be partly ascribed the readiness with which the digital corion assumes the peculiar inflammation occurring in whitlow."

The Doctor's "digital corion" has, undoubtedly, evinced a "nice tact" in paraphrasing a common-place fact, as may be perceived, from the air of learning with which he invests the simple ideas of the density and sensitiveness of the structure of the finger, of which few required to be informed. We are next entertained with a particular account of the three kinds of whitlow; and he then proceeds to fulfil his promise, of proving the transition of inflammation from the thecal tendons, to the periosteum and bone; but after exhausting Camper's anatomical description of these parts, and his own ingenuity in the attempt, he is compelled to come to the conclusion, with which every surgeon has been long acquainted, namely, that the inflammation is propagated by contiguity of parts, thus:—

"In short, the anatomical arrangement of the digital synovial sheaths, explains, at once, the two principal phenomena, for which thecal paronychia is distinguished:—death of the tendons, and caries of the phalanges, or their articular extremities."

No doubt, the "anatomical arrangement" may, and is generally supposed to be, the cause of these effects; but it would also go to prove, that the inflammation may extend from the periosteum to the thecal tendons, or the converse of the opinion which is sought to be established. This question, however, is of no practical importance whatever, and must, perhaps, for ever remain a mere supposition; so we shall turn from its consideration to the treatment and what, reader, do you suppose is the panacea which Dr. Craigie proposes, and would appropriate as peculiarly his own? Hear it, ye sons of Æsculapius, in his own words:—

"For these evils, the natural (artificial, one might suppose) remedy, I conceive, is much earlier employment of the INCISION. To be efficient, indeed, the principle of this measure requires to be completely changed; instead of using it with a view of opening an abscess, and discharging purulent matter, it should be employed—first, as a powerful and efficient means of depletion; secondly, as the means of preventing that compression which, by its mechanical power only, must speedily arrest the circulation in the tendons, and thereby prevent mortification in their texture."

So, it thus turns out in the end, that the Doctor's secret is INCISION, which, we verily believe, has been the practice of every surgeon in the country for, at least, the last half century! But, then, it should be "employed early," and so it would, if patients only applied in time, or, when they did so, had only the common sense to submit to a procedure always recommended, but rarely complied with until suffering forces them to yield to the measure, when too late to prevent the mischief. It should also be used, says the sagacious Doctor, to prevent "mechanical compression"—as "local depletion," and, as merely "opening an abscess," as if these were not the objects held in view—the principle upon which every surgeon carried his scalpel down to the bone for the cure of whitlow. It is also worth hearing how the Doctor stumbled on this great discovery, now that we have given the secret itself:—

"It is chiefly from remarking (says he) the unfavourable termination of cases of whitlow, treated on the rules of Dionis, &c., or left to the use of the poultice, or even neglected entirely, as often happens with patients who will not apply for professional assistance until the disease is no longer

tolerable, that I was led to employ incisions, deep and long, at an earlier period than is generally thought necessary. More than once I have been interrogated on what principle I pursued this practice, and at first I was unable to give any other reply than the favourable result. The explanation given above is, I conceive, the true one; and, if it is so, it demonstrates, most indisputably, the rule which I wish to establish, that not a moment should be lost in dividing, from one end to the other, the tendinous sheath of the affected finger."

Simple hearted man! did ever discoverer of so much merit speak of himself with so much modesty? Ben Bowsprit, master of a merchant man, might, with equal propriety, on his return from Honduras with a cargo of mahogany, proclaim himself the discoverer of America, and attempt to persuade the cabinet-makers that his vessel was freighted with a new and superior species of wood, as Dr. Craigie to persuade the profession that he was the discoverer of the practice of incisions in whitlow! It was not, indeed, as you state, from observing any such failures that you were led to this practice; it is much more probable that you were led to adopt it from seeing its beneficial effects in some hospital or other; from reading Richter, the proposer of the measure, as now generally practised, and whose name you have never once mentioned, for obvious reasons; or, lastly, from perusing the article on the subject in Mr. Samuel Cooper's Dictionary, in which all the information expanded into your thirty pages of plagiarism may be found condensed into one or two columns.

We have been prolix in our exposure of the literary larceny committed in this paper, beyond, perhaps, what the nature of the offence demanded. But we perceive that there is a disposition abroad for the manufacture of such monographs, from the credit which a few of them have unjustly secured to their authors. Dr. Duncan, junior, lately succeeded in a speculation of this kind on diffuse inflammation; but the paper was wanted, because the disease had previously been but imperfectly and only recently investigated; and well done, because by a man certainly of considerable talent. Dr. Craigie, emulous of the success of his predecessor as editor of the journal in which he writes this article, must also concoct a monograph, and aspire to have his name henceforth united with whitlow. It speaks, however, little for the taste and erudition of the profession, when an individual, by the mere assistance of a "catalogue raisonné," and a critical condensation of the labours of other writers, can acquire the reputation of a clever man, and an original author in medical literature. To foster such attempts, tends only to turn the tide of investigation from its natural course, to fix the attention of men in an unprofitable admiration of the efforts of their predecessors, rather than to stimulate them to a manly enterprise in the field of future discovery. Here we must stop for the present.

EPIGRAM

*On the Patient who suddenly decamped from Guy's Hospital.**

When Cooper's *nevey* cut for stone,
His toils were long and heavy;
This patient quicker parts has shown,
He *soon cut* Cooper's *nevey*.

JOE BURNS' LAST.

Joe Burns, on receiving, last week, an invitation to one of Sir Astley Cooper's *conversazioni*, erased, with the utmost promptitude, the words, "Sir Astley gives no refreshments, as the conversation will be purely scientific," and sent back the card with the following emendatory criticism:—"As the conversation will be purely scientific, Sir Astley's company must entertain themselves at their own expense."

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* See Lancet of last week, p. 49.

GENERAL DISPENSARY, ALDERSGATE STREET.

The election of a surgeon to this Institution took place on Wednesday last, and terminated, after a severe contest, in favour of Mr. William Coulson; the numbers were, Mr. Coulson, 391; Mr. Caswell, 130.

COLLEGE OF PHYSICIANS.

The first of a series of evening meetings was held last week, in the rooms of the College of Physicians. The object of these *reunions*, is to afford to men of science an opportunity of meeting for the purposes of conversation, and discussing matters connected with their pursuits. By way of giving a beginning to the evening, and of affording a subject of conversation, Sir Henry Halford read a paper on *Tic Douloureux*. In this essay he put forward a theory, that the distressing malady which was the subject of it, is produced either by a deposit of bone out of the natural course, or by an *exfoliation* of bone, the consequence of some disease or injury. He mentioned a great number of cases which had fallen under his own observation, which tended to support this theory. In further illustration of his position, he produced a cranium, in the interior of which a most extraordinary deposition of bone had taken place, and the history of which strongly corroborated the theory for which he contended. The discourse was rather short, but was listened to with great attention, and excited, as it was well calculated to do, great interest. The rooms were very fully attended, and, besides the most eminent professors of medical science in the metropolis, there were many persons of distinction in other professions.—*Times*.

ST. BARTHOLOMEW'S HOSPITAL.

The case of lithotomy, by Mr. Lawrence, which was noticed in No. 239 of this Journal, terminated fatally on the sixth day after the operation—from secondary hæmorrhage. At the time of the operation, six or seven oz. of blood were lost; but the bleeding immediately ceased on the patient being put into bed. He was quite comfortable, and urine flowed partly through the penis, on the following day; the wound was healthy, and he continued remarkably well until the evening of the 5th day, when hæmorrhage came on from the wound, and some blood flowed through the urethra. Cold cloths were applied, and the bleeding, externally, ceased. The patient, however, became pale and faint; there was a sense of fullness about the bladder, with a desire and inability to pass urine;—the house surgeon, Mr. Weekes, re-opened the wound, and removed the coagula which filled up its cavity, a considerable quantity of congealed blood extended into the bladder, and on being turned out, about two pints of urine were forcibly driven through the wound. The bleeding vessel was now discovered, but it lay so deep that it was almost impossible to secure it with a ligature—pressure by means of a small piece of sponge and the finger was, therefore, kept up for 20 minutes, when the bleeding had entirely ceased: no further hæmorrhage took place, and he passed water through the wound. The quantity of blood lost was about one pound and a half. Brandy and stimulants were administered, but the patient grew more feeble, and died on the following day. The body was removed to Wapping, by the friends of the patient, but permission being obtained, Mr. Lawrence desired Mr. Weekes, and one of his dressers, to examine it. The bladder was found contracted, and containing, at its upper part, about a spoonful of coagulated blood; its coats were thickened, but not otherwise diseased. The prostate was somewhat enlarged, and the part through which the incision had extended was thinly covered with adherent coagulated blood. The pudendal artery, and its ramifications, were most carefully examined; but nothing explanatory of the hæmorrhage could be discovered, except the division of a small artery, anterior to the prostate.

PARALYSIS, WITH ENCYSTED ABSCESS AND EXTENSIVE RAMOLLISSEMENT OF THE BRAIN.

A. B., aged 23, of intemperate habits, had suffered, for a considerable time, great pain

in the head. About a week previous to his admission into the Hospital, he fell down deprived of sense and motion, and remained in this state for two hours; and, on partially recovering, the left arm and leg were found paralysed. When brought here, there was loss of motion in the left arm and leg, and the mouth was drawn to the right side; there was slight stupor, and he complained of great pain in the head, on the *right* side; pulse rather slow. He had cough, to which he had been subject many years, and he expectorated a thick yellow mucus. He was cupped, and took some aperient medicine. He continued in much the same state for about a week, when he became comatose, and died in two days.

Examination.

On removing the dura mater, the upper surface of the *right* hemisphere of the brain felt soft and fluctuating, and in cutting into it, an abscess, extending from very near the surface, to within a few lines of the right lateral ventricle, was found to occupy its superior and middle portion. It contained nearly three ounces of thick pus, of a greenish colour, and intolerable fœtor. The abscess was distinctly defined, and lined by a thick membrane, of a dark ash colour; its internal surface was soft and villous. The cerebral matter, for a considerable extent around the cyst, was broken down, soft and pulpy. The left lateral ventricle contained an unusual quantity of fluid. The inferior part of both lungs was inflamed, and there was a single encysted tubercle, the size of a large pea, in the superior part of the inferior lobe of the right lung.

LARGE CHANCRE, WITH DESTRUCTION OF THE ANTERIOR THIRD OF THE GLANS PENIS, CURED BY THE FREE EXHIBITION OF MERCURY.

Robert Smithers, aged 26, a thin, unhealthy looking man, was admitted into Henry's Ward, January 31, under the care of Mr. Lawrence. He had been subject to gleet for many months, and about a month ago a bubo appeared in the right groin. A week afterwards, he perceived a small superficial sore on the glans penis, around the urethra. He applied to a medical man, who ordered him a lotion and some pills; these measures afforded but temporary relief; the sore gradually enlarged, put on a dark-coloured appearance, and was so painful that he was obliged to take opium to procure sleep. On his admission, the anterior third of the glans penis had been destroyed, and a large ulcer, of a dark livid colour, not excavated, but presenting an appearance, as if a portion of the glans had been sliced off, occupied the entire exposed surface; the discharge from it was not of that fœtid ichorous character, which accompanies the phagedenic ulceration; the surrounding inflammation was but little, and the prepuce was loose, and could be easily drawn over the glans. There was a suppurating bubo in the right groin. He had occasional acute darting pain in the ulcer, but the constitutional disturbance was not great. Pulse feeble, tongue coated, bowels open. Batley's liq. opii sedat. diluted, was applied to the sore, and he took pil. saponis cum opio, gr. v. at bed time.

Feb. 3, The ulcer was not improved; it had a dirty, foul, ulcerated aspect, and, at one part, it seemed disposed to spread. The pain had been so severe as to require the repetition of the opiate every eight hours. Mr. Lawrence now determined to employ mercury freely, and therefore ordered the patient, calomel gr. ii., opii gr. ¼ every four hours. He remarked to the pupils, that he had seen a few examples of the same form of disease, and that its progress was arrested only by the free and speedy use of mercury. In the case of a gentleman, which came under his observation some years ago, the destructive process had been more rapid, and had nearly destroyed the whole glans; a surgeon, who had great experience in the treatment of venereal disease, immediately ordered the free use of mercury, under which the affection soon subsided.

6. The ulcer was cleaner, and had nearly lost its dark-coloured foul appearance, and granulations were forming; the prepuce was more swollen, so that he could scarcely denude the glans; the pain was much abated; mouth not affected by the mercury. Continue the pills every four hours, and rub in a drachm of the ung. hydrarg. every night.

8. The mouth was sore; there was a marked and decided improvement in the ulcer, it presented a clear granulated surface; there was little or no surrounding inflammation; and he could denude the glans with ease.

10. The sore was quite healthy, having a granulated surface and cicatrising at its edges; the mouth and gums were much affected by the mercury; and he had diarrhœa with slight tenesmus; discontinue the pills; repeat the ung. hydrarg.

In a few days the ointment was discontinued; the sore healed rapidly and cicatrised; he remained in the Hospital about 3 weeks afterwards, when the soreness of his mouth and gums subsided; and he was discharged quite well.

ST. THOMAS'S HOSPITAL.

PROTRUSION OF THE EYE, CONSEQUENT UPON DISEASE OF THE ANTRUM.*

The subjoined case at present in Isaac's Ward, affords a melancholy exemplification of the deformity and suffering produced by the formation of a polypous tumour within the antrum. The particulars of the case are as follow:—

William Place, 25 years of age, having a delicate skin, and scrofulous diathesis, admitted on the 13th of March, states, that about eight months ago he experienced a slight difficulty of breathing through the right nostril, which continued for about two months, when he was attacked with severe pain about the orbit, and especially over the superciliary ridge, and adjoining portion of the forehead. In the course of a short time he felt very severe deep-seated pain in the orbit, and was conscious of a dimness of vision; as soon as this latter event had taken place, there was a mitigation of pain; but the face and eye began to swell, and the latter part very shortly to protrude from the orbit.

At the present time, April 4, the face is greatly deformed, from the very manifest enlargement and swelling of the right cheek bone; the eye is considerably protruded, both lids (but more especially the upper) are much swollen, and of a livid colour; there is excessive chemosis of the conjunctiva, so that this membrane protrudes between the lids. The cornea is hazy; there is constant epiphora, and the power of vision is greatly impaired.

Looking into the mouth, we observe the right side of the palate pushed down, so as to form a tumour, which has a soft feel. In the right nostril may be seen a polypous body. There are great pain and exquisite tenderness of the malar bone, and much swelling of the soft parts below the antrum. The man states, that until the appearance of the present disease, he has uniformly enjoyed good health. When first affected, he applied to a medical man in the country, who had recourse to blood-letting, the application of blisters and leeches, together with the use of laxatives, and mercury to ptyalism, but all these means alike failed in affording relief.

The treatment hitherto adopted in the Hospital has been, the application of leeches, a blister between the shoulders, and also subsequently upon the forehead and temple; a grain and a half of calomel night and morning, afterwards conjoined with half a grain of opium, to be taken at bed time. It is the opinion of Mr. Travers, under whose care the patient is placed, that there is encysted polypous disease within the antrum, which, having gradually increased, has pushed up the orbit, and occasioned an extrusion of the eye; the disease having also extended into the nostril.

April 14. The disease has manifestly increased since the last report, the face being much more swollen. Spirit lotion has been prescribed with some relief.

The only operation performed at this Hospital since our last report, is amputation of a portion of the hand by Mr. Green, in the case of a boy who had suffered severe injury from the cog-wheel of a machine. The thumb and little finger were allowed to remain, whilst the three metacarpal bones, with their corresponding upper carpal bones, were detached: the boy is doing well.

GUY'S HOSPITAL.

SINGULAR INSTANCE OF MALIGNANT TUBERCULAR DISEASE, OCCURRING IN VARIOUS PARTS OF THE BODY.

Malignant diseases are, for the most part, considered under two grand divisions—fungoid and cancerous. It must be admitted, however, that there are many diseases clearly of a malignant character, which bear no resemblance to either of the foregoing. Such is the case we are about to relate, which essentially consists in the formation of tubercles, immediately beneath the skin, in various parts of the body.

Charity's Ward.—M. C., ætat. 35, a woman of spare habit and unhealthy appearance, married, and the mother of two children, was admitted, on the 19th of March, under the care of Mr. Key. She states, that when about twenty-two years of age, she discovered a small brown wart on the anterior part of the fore-arm, and it greatly increased during the time of her pregnancy; two years afterwards she tore off the top of this wart, after which it rapidly grew and attained a considerable size, and, in the space of two months, she applied to a surgeon, who re-

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* We find the case designated in Mr. Travers' book, *proptosis*; this is one sample of the nauseating affectation of learning displayed on all occasions by our friend Ben. Not long since we heard him speak of a "*quaque-versal*" dilatation.

moved the tumour. This took place two years prior to her admission into the Hospital, and the part healed after the operation, but it subsequently became hard, and eventually a small tumour made its appearance at the original diseased spot: she now had recourse to the notorious Macdonald, who literally saturated her with mercury.

There is now, on the inner side of the left fore-arm, an elevated tumour of the size of a nutmeg, its base being somewhat broader than its upper part; on the carpal side, it has a warty or seedy appearance, and, to some extent around nearly the whole circumference of the tubercle, the skin is of a deep copper-colour. In the axilla, close to the side, is a hard tumour of the size of a hen's egg; it is slightly moveable, and, occasionally, lancinating pains are experienced in it. There is one small tubercle immediately beneath the skin of the mamma, and, on the body, there are several of a similar kind.

April 15. The means employed, since the patient's admission, are the administration of twenty minims of dilute nitric acid in decoction of sarsaparilla twice a day, and, subsequently, the exhibition of half a drachm of the supertartrate of potash, in an ounce of infusion of senna, twice a day; Dover's powder at bed-time. The woman's general health is now suffering much; she complains of violent pain in the loins, and keeps her bed in consequence; the tumour of the arm has increased.

ULCERATION OF THE NOSE, CALLED "LUPUS," SUCCESSFULLY TREATED.

There is a class of diseases which seems to hold an intermediate range between malignant and common disease; we might, perhaps, designate these affections intractable, and, as instances of this nature, we would enumerate the ulceration of the nose and face called lupus, or noli me tangere; certain ulcerations of the lip, of the tongue, and of some other parts of the body. It is certainly a fact, which we do not call to mind as noticed by any surgical writer, that certain parts of the body, in the structure of which there are many follicles, are subject to a peculiar kind of ulceration, which, although *intractable* is not *incurable*.

Lydia's Ward, No. 5. Mary Steel, ætat. 20, of light complexion and general good health, came into the Hospital on the 19th of March, under the care of Mr. Key.

When admitted, there was general redness of the skin of the right ala nasi, and an ulcer on this part of the size of a silver penny, not deep, but devoid of granulations, and its surface covered with a yellowish slough. There was a thickening and slight overlapping of the fleshy septum, so as to give the appearance of a separation. The patient stated, that the ulcer described had existed several months, having first made its appearance as a small pimple, but the nose had previously been in a diseased state. The disease began five years ago, with swelling and redness of the nose, then pimples made their appearance, and subsequently the parts ulcerated. She had had recourse to various medicinal means, and sometimes the sore had nearly healed.

The treatment, which has been successfully resorted to in this case, is as follows:

Mercurial ointment, one ounce and a half,
Camphor, one drachm;
Spirit of turpentine, one drachm and a half,
Adeps, half an ounce;—to be made into an ointment, and applied to the sore night and morning.

A scruple of the carbonate of iron, to be taken three times a day.

A report made on the 15th of April, states that the ulcer has entirely healed, and the skin of the ala nasi has lost the morbid redness, which was so very remarkable on the patient's admission.

EXTENSIVE MALIGNANT (?) TUMOUR ON THE SIDE OF THE NECK, EXTENDING INTO THE FAUCES.

This case, now in Charity's Ward, may be conveniently related in conjunction with the foregoing cases.

The subject of this disease is an unhealthy looking woman, 44 years of age; she has borne 10 children, and her catamenia have not yet ceased, being occasionally profuse. Four years ago she perceived a small hard tumour on the side of the neck, which went on very gradually increasing for more than three years, when she found a swelling on the right side of the fauces.

The tumour now extends from the mastoid process to the angle of the jaw; it is very hard, and has an even surface; little or no pain is felt on pressure, but occasional lancinating pains are experienced in the swelling. Upon looking into the mouth, the tumour may be seen occupying the right side of the fauces and extending over the root of the tongue; there is some difficulty of deglutition and a thickness of voice. The woman's general health is good.

The only treatment hitherto adopted, is the administration of *ten drops of tincture of iodine*, twice a day.

LONDON COLLEGE OF PHYSICIANS AND SCOTCH UNIVERSITIES.

To the Editor of THE LANCET.

SIR,—I was not aware, until within these few days, that you had been pleased to republish a letter of mine, in THE LANCET of the 23d ult., which had originally appeared in the *Morning Herald* of the 3d of January last, in answer to one signed "A Scotch Doctor," inserted by that paper in one of its December numbers.

May I observe, that it would have been only fair play, to have given your readers *the Scotch Doctor's letter*, which drew forth my reply, and not have held up mine, as an attack to provoke the reply of another, when, in point of fact, it was a measure of defence. The letter of "Medicus" appears consecutively; of course, he either induced you to insert both mine and his, or you employed him to answer mine. I say *employed*, because I would not for one moment insult you, by suspecting you of the authorship. One thing is certain, that if I ever had a doubt on the subject of northern medical education, your friend has set that doubt at rest; he has occupied nine columns of your paper, ringing changes on his a. b. c; but, with the exception of applying the epithets "Old Dotard," "Old Man of Devizes," "Old Woman," &c., to me, he has not broached one original thought, nor one useful argument, save the solitary one which makes against him throughout his letter, thus affording a living commentary upon the melancholy truth, "*that ideas are not innate.*"

It is requisite, however, to call your attention to the Scotch Doctor, who contended originally, that the act of Union amalgamated our laws and institutions with those of Scotland, and thereby broke down every corporate right and chartered privilege we had: this I denied. The act of Union did specifically provide to secure the privileges of all the Scotch universities, and of all the corporate and chartered bodies in that kingdom; but, in doing so, gave no power to that nation, to trample down *our* chartered rights or privileged institutions; on this point we stand; we want nothing from the Scots. What right have they to demand concessions from us? Medicus says, perhaps I did not know, that at the Union, the religion and laws of Scotland differed from those of England; he is very wide of the truth in all his conjectures, respecting the Old Dotard. Allow me to tell him, that the religion of Scotland was the same as that of England, (the reformed, whether Calvinistic or Lutheran, is a distinction without a difference,) at the time of the Union, but with a simpler form of church government, and a much humbler and cheaper provision for its clergy; that the laws of both kingdoms were nearly, very nearly, the same, with a different, and perhaps a cheaper form of administering them; that the branches of medical science were equally the same, but practised differently, and communicated with much less regard to the previous elementary knowledge of the pupil in Scotland, for economy's sake. Cheap physic, like cheap divinity, being then, as it is now, a *desideratum* in that kingdom, and as a consequence, academical honors were, and are, to be obtained, in the Scotch universities, without establishing the candidate's claim to the general education of a gentleman, without establishing his acquaintance with ancient and modern literature, or his competence in the particular profession chosen by him.

Now, Sir, in support of the foregoing observations, you will permit me to advert to a letter in one of your last November Numbers, signed "Scotus." I have a right to infer, that the statements contained in that letter are true, or your vehement advocate for those northern graduates, has basely betrayed the cause he professes to honour, in not having contradicted them at the moment. "Scotus" says, that one hundred and sixty *ni dismt* physicians were capped and toga'd in one day at Edinburgh, but of these it was notorious, that few ever took the trouble of writing his!!! his!! thesis; that the vast majority were purchased ready cut and dried from certain manufacturers of, and dealers in, medical Latin in Edinburgh. "Scotus" further informs you, that the mockery of an examination was gone through, that the reality of the thing was impossible: he admits that observations were made by some of the professors, challenging certain positions advanced by one, or other of the candidates, which were faintly answered by an *imo,—certe, recte dixisti*. Thus the farce ended; and these pseudo physicians, like so many vampires or harpies, are let loose, to prey upon whatever community they can fasten on. Is your friend Medicus one of these? or does he boast the purer parchment of Aberdeen? or the green wax of St. Andrews? In either case, I congratulate him upon his academical distinctions! upon his possessing one of those badges, the best of which, according to "Scotus's" description, ought to be felt as a degradation by an honourable mind.

Medicus lays great stress upon the non-acquaintance with the bilious remittent fever of Walcheren, evinced by Sir Lucas Pepys, and the calling of Sir Gilbert Blane pending the investigation, but he betrays a great want of information on the subject. Sir L. Pepys received his appointment as physician general, with the view of his pre-

siding at the Army Medical Board, and superintending the examination and admission of medical officers; it was no more expected that he should proceed on service, than that his late Royal Highness the Duke of York should do so. The situation Sir Lucas held, *he filled* as an elegant scholar, a perfect gentleman, and an able and accomplished physician. Dr. Blane was called forth, because he had been employed as a subordinate physician in the navy, during the American war, *and in the West Indies*; and was, therefore, supposed to be acquainted with the phenomena of febrile action, modified by climate, season, and topography. Dr. Blane had then enjoyed a pension from the naval service of 400*l.* per annum, for twenty-five years; and, undoubtedly, the government had a right to call for the opinion of any public servant, with such a retaining fee; the circumstance of his being a Scotch graduate, had nothing to do with the measure.

As to the recent admission, by the London College, of two persons who have practised as apothecaries, which occurrence Medicus brings forward with an air of triumph, I must take leave to remind you who know something of the history of the college, and Medicus who appears to know nothing of it, that *Denman* was an apothecary, that *Farquhar* was, that *Walsham* was, that *Merriman* was, that *Hooper* was, and that last, though not least, *John Mason Good* was, (a scholar as superior to your hyperborean medical abortions as a human being is to an ape,) these, with many others, were apothecaries, and general practitioners, and when he talks of the dearth of talent among the mere handful of individuals who compose the London College, one would suppose that *Sydenham, Heberden, Willan, Haighton, Latham, Temple, Babington, Hooper, Clutterbuck, Paris*, &c. &c., had never lived; but says Medicus, "the Scotch colleges have found themselves degraded by not having their degrees acknowledged in the capital of the empire."—Let him read Scotus's letter, and then declare whether Scotch colleges have not reached that point, at which degradation becomes impossible. Oh! but then he does not advocate the venality of *some* of the Scotch universities. Will his advocacy make them more or less venal? after the picture drawn by "Scotus," may I ask which is the most corrupt? It is a ticklish question; were I called upon to answer, I should say they were all damnable alike—at all events, Medicus admits their venality to a certain extent, purity with him may appertain to Edinburgh? to Glasgow? to Aberdeen? or perhaps St. Andrews? or where does it belong? break down the rights of the London College of Physicians, break down the privileges of the English universities, and every recreant rascal from Medicus's venal colleges would be at liberty to fix himself in London, Oxford or Cambridge, (as these spurious reptiles have done in every other part of England,) and call himself a physician; but I would ask, if Edinborough graduates are to practise, without let or restraint, why not Glasgow? if the latter, why not Aberdeen? and if Aberdeen, then why not St. Andrew's? the answer to these questions is in favour of the powers, the privileges, and the permanency of the London College, and it is the strongest that body can require, it is overwhelming! it is that none should be permitted to practise until their competence be ascertained by legal inquiry, which so far from leading to an abridgment, or suppression of the powers of the college, is irresistibly in favour of an extension of them; the honest graduate of a Scotch or foreign university, the man fond of his profession, and justly proud of *hard earned* honours; even Medicus, himself, *if he is not disgraced by a venal degree*, must be desirous that a broad line should be drawn between the possessor of distinctions, legitimately obtained, and him who obtains them venally; every honourable man must wish to be separated from the venal tribe: the Horatian line, "odi profanum vulgus et arceo," can never die in his memory, nor be estranged from his feelings; he must be anxious that a legal inquiry into the validity of his *patent of precedence* should take place, to distinguish him from the vulgar herd. The laws of England have placed the power to institute this inquiry, in the hands of the London College of Physicians, and that body will deserve deprivation whenever it shall shrink from an honest discharge of its duty.

Medicus states it is far from his wish to detract from the merits of an English university—his wish! the detraction of such a writer as Medicus!! how we apples swim! he then furnishes us with the only thing like argument his letter contains.—"*Jew, I thank thee*," namely, that *whoever obtains professional knowledge, and is willing to give public proof of his possessing it*, ought to be permitted to practise his profession any where for *his own benefit*, and that of the community. Excellent; the power to call for, and elicit this public proof, must be delegated to some body; and the laws of this realm of England have granted that power, in a limited degree, to the London College of Physicians, and until that college can get an extension of its jurisdiction, so as to compel every venal graduate, or pretended graduate, to submit to examination and license, before they are permitted to practise, it should compel all within its reach; it is ridiculous to urge, as an argument, why the college should not do all the good it can, that

it cannot (for want of power) do all the good it ought! Medicus, to be consistent, should exert himself in petitioning the legislature for an extention of the powers of the college, rendering it imperative upon every venal graduate, now practising in the kingdom of England, to submit to examination by, and license from, that body: similar powers being granted to the Dublin and Edinburgh colleges for the benefit of those kingdoms respectively.

The remarks of Medicus, respecting the Penitentiary, are ill advised, and uncalled for; it is a subject which could not be entered upon without involving personalities; and although an individual concerned might boast a St. Andrew, or an Aberdeen degree, yet as he is no party to this correspondence, the attack, however invited, would be illiberal; but on the subject of the quarantine laws, I do fearlessly assert that the London College of Physicians were as competent to advise the government as any body of medical graduates could by possibility be, viz. individuals who had not actually resided within the sphere of contagious disease: every man of common sense will say that the proper persons to give evidence on so momentous a question, either before the privy council, or House of Commons, were the medical men of the army and navy, who had served longest on the shores of the Mediterranean sea, on the coasts of Africa, and in the West Indies; what then has this to do with the subject in discussion?

Before I conclude, I must take the liberty of quoting a passage from the advertisement to your last volume.—"In the absence of such a test of medical ability as that which would be afforded by *public examinations*, it cannot be denied that an academical education at Oxford or Cambridge, *affords a better security to the public*, for the competency and respectability of a practitioner, than the mere fact of possessing a Scotch diploma. The academical education may not of itself afford much opportunity of acquiring professional knowledge, *but a man who has incurred the expense of such an education*, for the express purpose of taking a medical degree, *is more likely to qualify himself for the discharge of professional duties* than one whose diploma may prove *nothing but the fact of an outlay of capital to the amount of fifteen pounds*" *

I shall now take my leave of Medicus, briefly remarking that vituperation is not argument, neither are reproachful epithets, applied personally, a proof of gentlemanly education, however strongly they may indicate a low and depraved taste.

I am, Sir, &c.

A RETIRED GENERAL PRACTITIONER.

Devizes, April 4th, 1828.

* LANCET, p. 4, vol. i. 1827-8.

LITHOTOMY AT THE BIRMINGHAM HOSPITAL.

To the Editor of THE LANCET.

SIR,—In the 220th number of your valuable Journal, a case of retention of urine is related, treated by Mr. W. S. Cox of Birmingham. It has been well observed that the relator of a case should be scrupulously exact in his descriptions and statements—that the report of a case should be an exact copy of an excellent picture. Had the reporter of Mr. W. S. Cox's case acted upon this principle, we should probably have seen a very different description.—He states "that after cutting down upon the staff," (which, by the by, was not done quite in the masterly style represented,) "Mr. Cox attempted to divide the prostate gland as near as possible to the neck of the bladder with a French bistoury, but was foiled from the shortness of the instrument, and, in some degree, from the recession of the gland, and from the distended state of the bladder." Now, according to his statements, we should of course conclude the bistoury did not reach the prostate; but this was not the case. Mr. Cox was evidently ignorant of the situation of the distended viscus; the knife instead of dividing the gland, passed between the bladder and rectum, and divided the plexus of veins covering the back part of the prostate and vesiculæ seminales, from hence occurred the considerable venous hæmorrhage; the reporter mentions, moreover, the bistoury was at least an inch and a half longer than the trochar he succeeded with in puncturing the bladder, which was used with a blind thrust, and evidently as a last resource. I had not an opportunity of witnessing the process of the case after the operation, but was informed by some of his attendants, that at the time he left the infirmary, his water passed in a stream not thicker than a knitting needle.

I remain, Sir,
Your obedient Servant,

NARRATOR VERUS.

Birmingham, February 18th, 1828.

P.S. I see from your Journal of the 9th instant, you are fond of zoological pursuits: we have a large genus of *bats* here; they are of a solitary and selfish nature as the generality of their species I believe are, and may be *now and then* seen hovering about the General Hospital, Dispensary, and Town Infirmary. I thought after the use of your highly creditable engine some months ago, they were a little roused, but am sorry to

say they have again returned to their *dark abodes*; and are in a deeper state of torpidity than ever.

Should I witness anything further of their habits, that will facilitate your studies, or add to your "cabinet of curiosities," you may depend upon hearing from me.

LONDON HOSPITAL.

To the Editor of THE LANCET.

SIR,—On looking over your last Number,* I observed an article relating to some arrangements in the London Hospital, on which I beg leave to offer a few remarks.

It is not my intention here to discuss the justice of those observations made on Mr. Headington; but the anonymous author of that paper has rather unnecessarily introduced an assertion respecting Mr. Luke's character as a lecturer, both unjustifiable in itself and aggravated by the somewhat contemptuous manner in which it is couched. I allude to this sentence. "The students would not object to Mr. Luke's lecturing, did that gentleman possess the necessary qualities for a good lecturer, which forsooth he does not." And this, his private solitary opinion, he, with great generosity and most gratuiously, divides amongst his fellow-students. That his fellow-students think Mr. Headington a better lecturer than Mr. Luke, I feel little inclination to deny; it would be singular if this were not the case. But that Mr. Luke is considered, by his class, incompetent to fulfil the duties of an anatomical and surgical teacher, (this, I conceive, is the interpretation of the passage I have quoted,) is, to use too mild a term, perfectly incorrect. And I am certain I am uttering the sentiments of the students of the London Hospital, in a refutation, which (sensible of the feeling such an assertion, in such a form, is calculated to inspire against a gentleman whose character I esteem, and whose talents I respect) I wish, through the medium of your paper, to make as public as the charge itself.

Yours, &c.

A. C. ROBINSON,
Student of the Lond. Hosp.

London Hospital, April 1, 1828.

P. S. Allow me to regret that your correspondent has so inconveniently forgotten his name, as I think my fellow students ought, in common justice, to know whence those sentiments emanate, which are, with singular modesty, represented as their own.

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* No. 239.

THE official Asses of Guy's Hospital, have posted the following sensible notice at the Lodge. If these worthies are really desirous of a contest with the Press, let them come on—

"And damn'd be he that first cries, hold, enough."

Guy's Hospital, April 8, 1828.

Order,—That, in consequence of untrue and unprofessional statements, relating to this Hospital, having appeared in THE LANCET, no person who reports for, or is in any way connected with that publication, shall be at liberty to attend the practice, or the schools of this Hospital.

JAMES BROWELL, Steward.

TO CORRESPONDENTS.

Communications have been received from Mr. Meredith—Mr. J. E. Salter—Mr. Noel—Mr. J. N. Bainbridge—Mr. John Smith—Mr. W. Smith—Dr. Stokes—O. O. O.—R. Y.—Amicus—Excubitor—Amicus (of Boston)—S. W. M.—Virginius—X.—Veritas—L. L. D.—A Subscriber—P. O. R.

The result of the operation recently performed in Manor Place, is not peculiar. We cannot publish the details, without the consent of the operator, as it was a private patient. "T. O." however, may forward the paper relative to the other affair.

The letter of "Mr. Bainbridge" in our next.

"L. L. D." may call at the OFFICE on Monday.

The trash to which "Amicus" (not of Boston) has directed our attention, is unworthy of notice.

Thanks to "W. S." for the notes of the case of "E. C."; we will endeavour to obtain the "previous history" from our reporter.

"Z." • • Yes.

"X." is correct in his statement, respecting the apprenticeship of Mr. Bransby Cooper, but not so as to that of Mr. Key. The information of which he speaks is of great importance, and he is earnestly requested to forward it as speedily as possible.

The letter of "Hibernicus" is illegible.

Mr. Fenner's note has been accidentally omitted in the present Number, but it shall positively appear next week.

The letter of "Messrs. Griffiths, Johnstone and Hughes," has been inserted, in preference to the anonymous communication of a "Veterinary Pupil."

(*Other Correspondents must stand over.*)